

BUSINESS CREDIT APPLICATION

***** FAX COMPLETED APPLICATION TO 978 384 8076 *****

COMPANY INFORMATION	Legal Business Name			Years in Business	
	Legal Business Address		City	State	Zip
	Physical Address of Equipment		City	State	Zip
	Business Phone		Fax		Cell
	Email		Website		Nature of Business
	Business Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietor/DbA				FEIN
	Business Checking Bank	Phone	Contact	Acct. No.	

PRINCIPAL INFORMATION	1 st Principal Name			Title	Ownership Percentage
	Home Address		City	State	Zip
	Home Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent	SSN	DOB	
	2 nd Principal Name			Title	Ownership Percentage
	Home Address		City	State	Zip
	Home Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent	SSN	DOB	

TRADE REFERENCES	Name	Phone	Acct. No.
	Name	Phone	Acct. No.
	Name	Phone	Acct. No.

I/We warrant that all credit and financial information submitted to The Limo Agent herein, or at such other time as may be requested, is true and correct. I/We authorize any financial institution or other credit references to verify information or provide additional information that The Limo Agent and/or its assigns may request. I/We further consent to and authorize the obtaining and use of consumer credit reports as may be needed in the credit evaluation and review process. I/We hereby authorize release of all necessary information via mail, email, or facsimile transmission as requested.

1 st Principal Signature	Date	2 nd Principal Signature	Date
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VEHICLE INFORMATION	Dealer		Contact		Phone	
	Year	Make	Model	Coach Length	Coach Builder	Mileage
	VIN			Ext. Color		Int. Color
	Purchase Price	Down Payment		Financed		Months