



Joe Fiore
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CREDIT APPLICATION

BUSINESS TYPE: (CHECK ONE) PROPRIETORSHIP PARTNERSHIP CORPORATION LLC LLP

COMPLETE LEGAL BUSINESS NAME			
NATURE OF BUSINESS		FEDERAL ID #	YEARS IN BUSINESS
MAILING/BUSINESS ADDRESS		CITY	STATE
		ZIP	COUNTY
PHONE	FAX		CELL
EMAIL	LOCATION OF WHERE EQUIPMENT IS KEPT (IF DIFFERENT THEN ABOVE)		
INSURANCE AGENT		AGENT'S PHONE NUMBER	

ANNUAL SALES _____ BUSINESS NET INCOME _____ BUSINESS NET WORTH _____

GUARANTOR 1. Full Name	SOCIAL SECURITY #	% OWNED	HOME ADDRESS

Have you ever filed for bankruptcy protection? Yes No If yes, what was the discharge date? _____ Are you a homeowner? Yes No

GUARANTOR 2. Full Name	SOCIAL SECURITY #	% OWNED	HOME ADDRESS

Have you ever filed for bankruptcy protection? Yes No If yes, what was the discharge date? _____ Are you a homeowner? Yes No

BANK / MONEY MARKET ACCOUNTS	ACCOUNT #	TELEPHONE #	CONTACT PERSON
BUSINESS			
BUSINESS			

TRADE REFERENCES	ACCOUNT # / TELEPHONE # / CONTACT

BUSINESS LOAN REFERENCE	ACCOUNT # / TELEPHONE # / CONTACT

EQUIPMENT			
I. SUPPLIER	ADDRESS	CONTACT	TELEPHONE

TYPE OF EQUIPMENT	NEW / USED	COST OF EQUIPMENT	DO YOU PLAN TO PUT MONEY DOWN
			<input type="checkbox"/> Yes AMOUNT _____ <input type="checkbox"/> No

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process, and, if necessary, any collection actions to be taken on the account. The undersigned waives any right or claim they would otherwise have under Fair Credit Report Act in the absence of this continuing consent.

I hereby authorize our banks, trades, and personal credit bureaus to release credit information to First Financial Group LLC and/or it's assignees.

X _____
 SIGNATURE