



## Business Credit Application

Send to: [jaskolnik@andvre.com](mailto:jaskolnik@andvre.com)

Questions Call: 940.205.7740

COMPANY or ORGANIZATION NAME (full legal name including dba or division if applicable)					DATE	
ADDRESS			CITY	STATE	COUNTY	ZIP
PHONE						
EQUIPMENT LOCATION (if different than above)			CITY	STATE	COUNTY	ZIP
FAX						
EMAIL ADDRESS			FED. TAX I. D.			DATE EST. (MO & YR)
TYPE OF BUSINESS		YEARS CURRENT OWNERSHIP		STATE OF ORGANIZATION		STRUCTURE: Partnership <input type="checkbox"/> Sole Prop <input type="checkbox"/> LTD Corp <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> LLC Other:
PRIMARY CONTACT		EMAIL ADDRESS				
LANDLORD'S NAME (or mortgage co.)			LANDLORD'S PHONE NO.			NUMBER OF OWNERS
OWNER 1 (first name, middle, last)		TITLE		% OF OWNERSHIP		SOCIAL SECURITY NUMBER
HOME ADDRESS (including city, state, & zip code)				HOME PHONE		<input type="checkbox"/> Own <input type="checkbox"/> Rent
OWNER 2 (first name, middle, last)		TITLE		% OF OWNERSHIP		SOCIAL SECURITY NUMBER
HOME ADDRESS (including city, state, & zip code)				HOME PHONE		<input type="checkbox"/> Own <input type="checkbox"/> Rent
OWNER 3 (first name, middle, last)		TITLE		% OF OWNERSHIP		SOCIAL SECURITY NUMBER
HOME ADDRESS (including city, state, & zip code)				HOME PHONE		<input type="checkbox"/> Own <input type="checkbox"/> Rent
VENDOR:				VENDOR CONTACT AND PHONE:		
EQUIPMENT, SOFTWARE OR SERVICES TO BE FINANCED:					TOTAL AMOUNT:	
					\$	
FINANCING PROGRAM (check one):	LEASE <input type="checkbox"/>	FINANCING <input type="checkbox"/>	WORKING CAPITAL <input type="checkbox"/>	OTHER	PAYMENT QUOTED:	SALES TAX RATE
<b>IMPORTANT – APPLICANT READ BEFORE SIGNING</b> I hereby certify that all information contained in this application is true and all attachments here to is true and complete to the best of my knowledge, and has been supplied for the purpose of obtaining credit in the form of an equipment lease or financing and here by authorization TCEE, Inc. and it's assignees and potential assignees to obtain a credit bureau and or credit profile, bank and trade references in considering the credit applicant and subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photo static, facsimile or e-mail copy of this authorization shall be as valid as the original. Financing programs are based on approved credit and subject to change and void where prohibited.						
DATE	SIGNATURE				TITLE	