



55 Harristown Road – Glen Rock, NJ 07452 Phone: 201.444.8844 Fax: 201.444.5919

APPLICATION

BUSINESS INFORMATION

Business Legal Name:		Time In Business under Current Ownership:	Federal ID Number
Business Address	City/County	State	Zip
Business Phone Number			
Type Of Ownership: (circle one) Partnership Proprietorship	LLC Corporation	State of Incorporation:	Type Of Business:
Business Fax Number			

PRINCIPAL INFORMATION (100% Ownership disclosure required. Principals listed will be required to guaranty lease.)

Name (First-Middle-Last) <i>Please Print</i>	Title	% Ownership	Social Security Number
Present Address	City/County	State	Zip
Home Phone Number			
Name	Title	% Ownership	Social Security Number
Present Address	City/County	State	Zip
Home Phone Number			

BANK/CHECKING & SAVINGS (If check acct. less than 2 years; provide previous acct. number/bank)

Bank	Phone	Fax	Officer	Acct#	How Long	CK	SV	CD
Bank	Phone	Fax	Officer	Acct#	How Long	CK	SV	CD

EQUIPMENT LOANS/LEASES (Open or Paid)

Firm Name	Phone	Fax	Acct#	High Credit	How Long
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TRADE REFERENCES

Firm Name	Phone	Fax	Acct#	High Credit	How Long
Firm Name	Phone	Fax	Acct#	High Credit	How Long

EQUIPMENT INFORMATION

Vendor Name/Contact/Phone: _____

Equipment Description: _____

Equipment Cost: \$ _____

Is Equipment: (circle one) NEW USED BOTH IF USED, HOW OLD? _____

Equipment Location if other than the above: _____

Term Requested: (circle one) 24 mos. 36 mos. 48 mos. 60 mos. ___Other Purch. Option: _____

By signing below, each undersigned individual(s) who is either a principal of the credit applicant listed above or a personal guarantor of its obligations, provides written instruction to WASCO Capital Services, LLC or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original.

I hereby authorize our banks, trade references, and financial institutions the right to release credit information.

BY: _____ SIGNATURE _____ TITLE: _____ DATE: _____
(Print Name)