

## **Eric King**

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## **BUSINESS CREDIT APPLICATION**

Please read carefully and do not leave any fields blank

	BUSINESS IN	IFORMATION			
Legal Business Name:					
Contact Name:					
Address:					
Street	City	Cour	nty	State Zip	
E-Mail:	Web Addr	ess No. of Employees			
Phone:	Fax:	FEIN:	Years in	Business:	
Name of Business:			Years Under Present Ownership:		
State of Inc. /Organization:	Business Type: Corp.	LLC Corp.	Partnership	Proprietorship	
	OWNERS, PARTNER	S OR GUARAN	TORS		
1) Name:	Title	SS#:		D.O.B:	
Home Address:		% of Owne	ership: Home F	Phone:	
2) Name:	Title	SS#:		D.O.B:	
Home Address:		% of Owne	ership: Home F	Phone:	
	BANK INF	ORMATION			
Name of Bank:	Branch:				
Phone:	Business Checking Acct #:				
	VENDOR & EQUIPMENT I	NFORMATION	(if applicable)		
Vendor Name:	Phone #:				
Equipment:	Cost:				
	Disclaimer a	nd Signature			
Undersigned acknowledges that all sup LLC. Applicant further agrees to notify E the undersigned individual, who is a prir Authorizing review of his/her personal c of this application and subsequently for You also agree that EDK & Associates L references, other businesses (including	atements in this loan application and on a porting information included in this application. Associates Leasing Vehicles-Equipnicipal and guarantor of the business Provinced the profile from a national credit bureau. In update, renewal, or the extension of sue. Leasing Vehicles-Equipment, LLC. may exaffiliates of EDK & Associates Leasing Vehicles-Equipment individuals here.	each of the documents station will remain the proment, LLC. Of any mater does this written instruction Such authorization shall ch credit or additional cruchange information about hicles-Equipment, LLC.	operty of EDK & Associal changes in the inform in to EDK & Associates L be Extended to obtained and for reviewing an tyou and your obligation any Guarantor(s), and c	tes Leasing Vehicles-Equipment, ation provided. By signing below, easing Vehicles-Equipment, LLC. g a credit profile in consideration d collecting the resulting account. s under this Application with your redit reporting agencies and may	
X		Х			
Name	Date	Name		Date	