

Required items are in bold italics. Personal information is required if in business 5 years or less, or if 20 employees or less.

Customer and Billing Information

Company Legal Name: _____ **Phone #:** _____
Fax #: _____ **Email Address:** _____
Tradestyle: _____ **D&B #:** _____ **Federal Tax I.D.:** _____
Billing Address: _____ City: _____ State: _____ Zip: _____
Equipment Address: _____ City: _____ State: _____ Zip: _____
Years in Business: _____ **# of Employees:** _____ Business Description: _____ State of Incorporation: _____
Type of Business: S-Corp Non-Profit Sole Proprietor Partnership Corporation LLC
Parent Company Name: _____ City: _____ State: _____ Zip: _____

Personal Information of Proprietor, Partners or Major Shareholders

Principal Name: _____ **Title:** _____
Phone #: _____ **Soc. Sec. #:** _____ **Date of Birth:** _____
Home Address: _____ City: _____ State: _____ Zip: _____

Bank/Lease References

Bank Name: _____ **Checking Acct #:** _____
Phone #: _____ Contact: _____ Loan Acct. #: _____
Leasing Company: _____ City: _____ State: _____ Zip: _____

Authorization for Disclosure of Business Credit Information

The above authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original.

Authorization for Disclosure of Business Credit Information
Applicant hereby authorizes the release of credit information to Apple Financial Services, or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and applicant's bank. I hereby represent that all of the information contained in this credit application is true, correct and complete.

Signature (Authorized Representative of Credit Applicant)
Name: _____ Date: _____
(Please Print Name)

Authorization for Disclosure of Personal Credit Information
By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Apple Financial Services, or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau.

Signature (of an individual)
Name: _____ Date: _____
(Please Print Name)

MUST BE COMPLETED BY THE RESELLER
Vendor Name: _____
Vendor #: _____
Contact: _____
Phone #: _____
EQUIPMENT TO BE LEASED
Lease Term: _____
Rate Factor: _____
Monthly Payment: \$ _____
Description: New Used _____

Equipment amt: _____
Total Cost: \$ _____
For additional follow-up information please contact:
 Vendor Customer Either, as needed



Phone: 800-624-6914
Fax: 800-821-8202

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Troy, Michigan 48098

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580. If your application for business credit is denied or conditionally approved, you have the right to a written statement of the specific reasons for the denial or the conditional approval. To obtain the statement, please contact CREDIT OPERATIONS, Apple Financial Services, 5480 Corporate Drive, Ste. 320, Troy, MI 48098 or call (800-216-4384) within 60 days from the date you are notified of our decision.