

CREDIT APPLICATION

MAIL OR FAX COMPLETED FORM
WITH ATTACHMENTS TO:

SL Financial Services Corporation
251 Riverside Avenue
Westport, Connecticut 06880

Fax: (203) 227-6111
Phone: (203) 227-5225

BUSINESS INFORMATION

Company Name			
DBA (if different)			
Business Address			
Billing Address (if different)			
Equipment Location			
Contact Person			Title
Phone	Fax	e-mail	
Federal Tax ID Number		Organizational ID Number	
Type of Business	<input checked="" type="checkbox"/> Corporation	<input checked="" type="checkbox"/> General Partnership	<input checked="" type="checkbox"/> LLC <input checked="" type="checkbox"/> Proprietorship
State of Incorporation	No. of Employees	Annual Sales	
Date Business Established	Fiscal Year End		
Has the business or any principal ever declared bankruptcy?			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, when filed			
Are there outstanding liens or judgments?			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please attach detail.			
Names and titles of chief corporate officers / partners			

INFORMATION ON OWNER(S)/PRINCIPAL(S) (FOR CORPORATE OWNER: PLEASE PROVIDE SAME INFORMATION AS ABOVE)

Full Name		
Title	Home Phone	
Home Address		
Social Security #	Date of Birth	% of Ownership
Full Name		
Title	Home Phone	
Home Address		
Social Security #	Date of Birth	% of Ownership

EQUIPMENT TO BE FINANCED (SKIP, IF EQUIPMENT QUOTATION OR PURCHASE ORDER IS ATTACHED)

Vendor Name		
Address		
Contact Name	Phone	Fax
Equipment Type/Description		
Quantity	Total Cost	
Condition	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used (manufactured in year: _____)	Serial #
Purpose of proposed equipment acquisition	<input checked="" type="checkbox"/> Addition	<input checked="" type="checkbox"/> Replacement

REFERENCES

BANK REFERENCES (IF CURRENT BANK FOR LESS THAN TWO YEARS, PLEASE INCLUDE PREVIOUS BANK.)		
Primary Bank	Bank Name	Account #
	Contact Person	Phone:
	Address	
		Fax:
Previous or Second Bank	Bank Name	Account #
	Contact Person	Phone
	Address	
		Fax
LOANS/LEASES – NON-REVOLVING CREDIT (PLEASE PROVIDE AT LEAST ONE.)		
Borrower/Lessor #1	Account #	
	Contact Person	Phone
	Name	Fax
	Address	
Borrower/Lessor #2	Account #	
	Contact Person	Phone
	Name	Fax
	Address	
TRADE REFERENCES (PLEASE PROVIDE AT LEAST TWO; MINIMUM SIX MONTHS WITH OUTSTANDING BALANCES.)		
Reference # 1: Company Name	Address	
	Contact Person	
	Phone	Fax
Reference # 2: Company Name	Address	
	Contact Person	
	Phone	Fax
Reference # 3: Company Name	Address	
	Contact Person	
	Phone	Fax

ATTACHMENTS (PLEASE ENCLOSE ALL OF THE FOLLOWING)

- § Articles of Incorporation, Officers names and State of Incorporation (if applicable to the Borrower and any Guarator)
- § Last three (3) year’s fiscal year end statements
- § Current interim statements
- § Last two (2) corporate tax returns (if financial statements are less than review quality)
- § Copy of I.D.
- § Personal financial statement of guarantor (if applicable)
- § Last personal tax return of guarantor (if applicable)
- § Equipment quotation or purchase order (if available)
- § Operating Agreement (If the company operates as Limited Liability Company (LLC))
- § Partnership Agreement (If the company operates as a Partnership Company)

The undersigned warrants that the information provided on this application and any attachments hereto is true and correct. SL Financial Services Corp. (“SL USA”) is authorized to obtain and investigate any banking and credit history information from any bank, credit bureau, financial institution or agency, to update same, and to respond to inquiries regarding the applicant’s credit experience with SL USA. This authorization includes personal credit information as pertains to the personal guarantee(s) that may be required by SL USA.

Signed: _____ Title: _____

Print Name: _____ Date: _____