



Phone 800-710-4361 Fax 800-711-0468
 Sales Rep: JoAnn Cucciarre Cell 610-909-8023
 E-Mail: joann.cucciarre@comcast.net
 www.northernatlanticfinancial.com

CREDIT APPLICATION

COMPLETE LEGAL NAME			DATE		<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION If Corp., what state Inc. in _____ <input type="checkbox"/> LLC
TYPE OF BUSINESS		FEDERAL ID NUMBER	YEARS IN BUSINESS		
MAILING/BUSINESS ADDRESS		CITY	STATE	ZIP COUNTY	
PHONE NUMBER	CELL NUMBER	FAX NUMBER	E-MAIL		
EQUIPMENT LOCATION		COUNTY	PHONE NUMBER	CONTACT	
INSURANCE AGENT			AGENTS PHONE NUMBER		

PRINCIPAL / OFFICER / PARTNER	SOCIAL SECURITY #	TITLE / % OWNED	HOME ADDRESS & TELEPHONE

BANK / MONEY MARKET ACCOUNTS	ACCOUNT #	TELEPHONE	OFFICER TO CONTACT
BUSINESS			
BUSINESS			
BUSINESS / PERSONAL			

TRADE REFERENCES	ACCOUNT # / TELEPHONE / CONTACT

EQUIPMENT REFERENCES	ACCOUNT # / TELEPHONE / CONTACT

EQUIPMENT		
SUPPLIER	ADDRESS	
TYPE OF EQUIPMENT	NEW / USED	COST OF EQUIPMENT

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process, and, if necessary, any collection actions to be taken on the account. The undersigned waives any right or claim they would otherwise have under Fair Credit Report Act in the absence of this continuing consent.

I hereby authorize our banks, trades, and personal credit bureaus to release credit information to Northern Atlantic Financial LLC and/or its assignees. x _____