

11433 CRONRIDGE DRIVE, SUITE F  
OWINGS MILLS, MD 21117

443.796.7347 • 800.733.5529 • FAX 443.796.7200

**FAX TO: DANIEL PISTORIO 443-796-7200**



DATE:

**CREDIT APPLICATION**

FIRM NAME:			COUNTY WHERE PROPERTY WILL BE LOCATED:			
ADDRESS:			CITY:		STATE:	ZIP:
PHONE:	DATE ESTABLISHED:	NATURE OF BUSINESS:		<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP <input type="checkbox"/> LLC		
PRINCIPALS NAME:		POSITION:		% OF OWNERSHIP:	HOME PHONE:	
HOME ADDRESS:			CITY:		STATE:	ZIP:
<input type="checkbox"/> OWNS: <input type="checkbox"/> RENTS:	HOW LONG?	SOCIAL SEC. #	BIRTH DATE:	NAME OF SPOUSE:		
PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 2 YEARS):						
PRINCIPALS NAME:		POSITION:		% OF OWNERSHIP:	HOME PHONE:	
ADDRESS:			CITY:		STATE:	ZIP:
<input type="checkbox"/> OWNS: <input type="checkbox"/> RENTS:	HOW LONG?	SOCIAL SEC. #	BIRTH DATE:	NAME OF SPOUSE:		
PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 2 YEARS):						
EMAIL ADDRESS:			FED ID#	STATE OF INCORPORATION:		

**BANK REFERENCE**

NAME OF BANK:		PHONE:	PERSON TO CONTACT:
CHECKING ACCT #	SAVINGS ACCT #		LOAN ACCT:
NAME OF BANK:		PHONE:	PERSON TO CONTACT:
CHECKING ACCT #	SAVINGS ACCT #		LOAN ACCT:

**CREDIT REFERENCE**

NAME OF COMPANY:		ACCOUNT #	PHONE:
NAME OF COMPANY:		ACCOUNT #	PHONE:
NAME OF COMPANY:		ACCOUNT #	PHONE:
CURRENT LEASE OBLIGATION:	NAME OF CO OR BANK:	PHONE:	ACCOUNT:
DO YOU RENT YOUR OFFICE SPACE?	NAME OF LANDLORD:		PHONE:

**INSURANCE INFORMATION**

NAME OF INSURANCE AGENT:			PHONE:
ADDRESS:		CITY:	STATE: ZIP:

**EQUIPMENT / VEHICLE VENDOR INFORMATION**

NAME:		CONTACT PERSON:		
ADDRESS:			PHONE:	
QTY	NEW/USED	EQUIPMENT / VEHICLE TO BE LEASED/FINANCED	TERM DESIRED	PRICE WITHOUT TAX
				\$

**EQUIPMENT CREDIT LINE INFORMATION**

<input type="checkbox"/> YES, I AM INTERESTED IN AN ADDITIONAL LINE OF CREDIT FOR EQUIPMENT OF:	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$
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**RELEASE**

TO WHOM IT MAY CONCERN:

THIS WILL BE YOUR AUTHORITY AND MY REQUEST FOR YOU TO RELEASE TO MADISON CAPITAL, LLC AND/OR ITS ASSIGNEES, ANY INFORMATION THEY MAY REQUEST CONCERNING CREDIT STANDING WITH YOUR COMPANY AND/OR MONEY ON DEPOSIT. I HEREBY FURTHER AUTHORIZE MADISON CAPITAL, LLC AND/OR ITS ASSIGNEES, TO OBTAIN ANY AVAILABLE PERSONAL CREDIT BUREAU REPORTS, AS WELL AS BANK AND TRADE REFERENCES, AND UTILIZE PHOTOCOPIES OF THIS RELEASE IN CONJUNCTION WITH THE CREDIT APPLICATION PROCESS.

FOR ( COMPANY NAME): \_\_\_\_\_

BY (NAME OF OFFICER): \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_