



Amano Business Credit

2081 S.E. Ocean Blvd., Ste.2A
Stuart, FL 34996
Phone: **1-800-625-2455**
Fax: **1-800-850-0914**

CREDIT APPLICATION

FIRM NAME _____ PHONE _____
ADDRESS _____ FAX _____
CITY _____ STATE _____ ZIP _____ COUNTY _____
TYPE OF BUSINESS _____ DATE ESTABLISHED _____
FEDERAL TAX # _____ HOW LONG AT THIS ADDRESS _____
INSURANCE AGENT _____ PHONE _____ FAX _____

BUSINESS OWNERSHIP: SOLE OWNER PARTNERSHIP CORPORATION - DATE INCORPORATED _____
-STATE INCORPORATED _____

OWNERS/OFFICERS:

NAME _____ TITLE _____ SOC.SEC# _____
ADDRESS _____ DOB _____
CITY _____ STATE _____ ZIP _____ PHONE _____
NAME _____ TITLE _____ SOC.SEC# _____
ADDRESS _____ DOB _____
CITY _____ STATE _____ ZIP _____ PHONE _____

BANKING INFORMATION:

BANK _____ PHONE _____ CONTACT _____
ACCOUNT # _____ LOAN # _____

TRADE REFERENCES:

| SUPPLIER'S NAME | PHONE # | ACCOUNT# | CONTACT |
|-----------------|---------|----------|---------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |
| 4. _____ | | | |

Other Leases _____

TO BE COMPLETED BY EQUIPMENT SUPPLIER / DISTRIBUTOR:

SUPPLIER _____ SALESPERSON _____ PHONE _____ FAX _____
ADDRESS _____ EMAIL _____
CITY _____ STATE _____ ZIP _____
TYPE OF EQUIPMENT _____
TERM _____ MONTHLY PAYMENT _____ TOTAL COST _____

CREDIT RELEASE:

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 (broker) or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the application received.

Signature _____

Date _____