CREDIT APPLICATION

PHONE: 888-938-1899 or 507-929-1506 FAX: 855-636-9493 or 507-929-1510 E-MAIL: SMGCREDIT@GREATAMERICA.COM

VENDOR				
NAME:		CITY, STATE:		
PHONE:	FAX:	CONTACT NAME:		
CONTACT EMAIL:		CONTACT PHONE:		
CUSTOMER ("YOU" OR "YOUR")				
FULL LEGAL NAME:				
ADDRESS:				
CONTACT:	PHONE:	FAX:		
EMAIL:	BUSINESS NATURE:	WEBSITE:		
	PROPRIETORSHIP NO. OF EMPLOYEES:	YEAR INCORPORATED/ESTABLISHED:		STATE:
	TOCKHOLDERS, PARTNERS, OR PROPRIETORS)			
NAME	TITLE	HOME ADDRESS		SOCIAL SECURITY NO.
1.				
2. BANK REFERENCES (TWO-YEA				
BANK	CITY/STATE	CONTACT	PHONE	ACCOUNT NO.
1.				
2.				
FINANCING/LOAN REFERENC		CONTACT	DUONE	ACCOUNT NO
NAME	CITY/STATE	CONTACT	PHONE	ACCOUNT NO.
1.				
TYPE, MAKE, MODEL NUMBER, AND INCL	UDED ACCESSORIES		SERIAL NUMBER	NEW/USED
FINANCE TERMS				
TERM IN MONTHS:		EQUIPMENT COST:		
	OR ITS DESIGNEE(S) TO INVESTIGATE THE REFE	Rences Herein Listed (OR STATEMENTS OR OTHER	DATA OBTAINED FROM ME
	NING TO MY BUSINESS AND/OR PERSONAL CREE SPECT TO ME AND THE ABOVE NAMED CUSTOME			
THE ACCOUNT.		R, IN CONNECTION WITH	TEATENDING CREDIT AND/OI	R REVIEWING/COLLECTING
(As Stated Above)	X			
CUSTOMER	SIGNATURE		PRINT NAME & TITLE	DATE
DISCLOSURE OF RIGHT TO R	EQUEST SPECIFIC REASONS FOR C	REDIT DENIAL GIV	EN AT TIME OF APPLI	CATION
	CREDIT IS DENIED, YOU HAVE THE RIGHT TO A V			
	REATAMERICA LEASING CORPORATION, 625 FIRS SION. WE WILL SEND YOU A WRITTEN STATEMEN			
	QUAL CREDIT OPPORTUNITY ACT PROHIBITS CRE			
	RIGIN, SEX, MARITAL STATUS, AGE (PROVIDED			
	LICANT'S INCOME DERIVES FROM ANY PUBLIC NSUMER CREDIT PROTECTION ACT. THE FEDERA			
	MISSION, EQUAL CREDIT OPPORTUNITY, WASHIN			