

Advanced Business Copiers

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CREDIT APPLICATION

SALES REPRESENTATIVE _____

CUSTOMER INFORMATION

COMPANY NAME _____ YEARS IN BUSINESS _____
ADDRESS _____
CITY/STATE/ZIP _____ PHONE _____
TYPE OF ORGANIZATION CORPORATION PARTNERSHIP SOLE PROPRIETOR OTHER (DESCRIBE) _____
FEDERAL ID# (REQUIRED) _____
SOCIAL SECURITY (REQUIRED IF SOLE PROPRIETORSHIP) _____
PRINCIPAL'S NAME _____ EMAIL ADDRESS _____
HOME ADDRESS _____ HOME PHONE # _____
CITY/STATE/ZIP _____

BANK REFERENCES (*REQUIRED)

BANK NAME _____	BANK NAME _____
PHONE _____ FAX _____	PHONE _____ FAX _____
ADDRESS _____	ADDRESS _____
CONTACT _____	CONTACT _____
ACCOUNT # _____	ACCOUNT # _____

TRADE REFERENCES (*REQUIRED)

NAME _____	NAME _____
PHONE _____ FAX _____	PHONE _____ FAX _____
ADDRESS _____	ADDRESS _____
CITY/ST/ZIP _____	CITY/ST/ZIP _____
NAME _____	NAME _____
PHONE _____ FAX _____	PHONE _____ FAX _____
ADDRESS _____	ADDRESS _____
CITY/ST/ZIP _____	CITY/ST/ZIP _____

TO BE COMPLETED BY ADVANCED BUSINESS COPIERS

EQUIPMENT _____ ACCESSORIES _____
LEASE TERM (MONTHS) _____ SECURITY DEPOSIT _____ FUNDING AMOUNT \$ _____
RATE FACTOR _____ MONTHLY PAYMENT (WITHOUT SALES TAX) \$ _____
PURCHASE OPTIONS FMV \$1.00 BUY OUT OTHER _____

I HEREBY, AUTHORIZE LESSOR TO GATHER INFORMATION FROM SOURCES SUCH AS, BUT NOT LIMITED TO, COMMERCIAL AND CONSUMER REPORTING AGENCIES FOR THE SOLE PURPOSE OF DETERMINING AN OPEN LINE OF CREDIT. ALL INFORMATION WILL BE HELD IN STRICTEST OF CONFIDENCE. PLEASE ATTACH TAX EXEMPTION CERTIFICATE (IF APPLICABLE).

CUSTOMER SIGNATURE

TITLE

DATE