



# CREDIT APPLICATION

**ERIC LINDSEY**  
 Phone (281) 890-0088 Fax (713) 460-1364  
 ericlindsey@fleettrade.com

TODAY'S DATE: \_\_\_\_\_

COMPLETE LEGAL NAME OF BUSINESS		<input type="checkbox"/> SOLE PROPRIETOR		<input type="checkbox"/> LLC	
		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> NON-PROFIT	
		<input type="checkbox"/> "S" CORPORATION		<input type="checkbox"/> "C" CORPORATION	
TYPE OF BUSINESS	ANNUAL SALES OF BUSINESS	NUMBER OF YEARS IN BUSINESS	FEDERAL TAX ID NUMBER	# EMPLOYEES	
	\$				
ADDRESS OF BUSINESS	CITY	STATE	ZIP	COUNTY	
WHERE EQUIPMENT WILL BE LOCATED	CITY	STATE	ZIP	COUNTY	
PHONE NUMBER	FAX NUMBER	PERSON(S) TO CONTACT			

E-MAIL ADDRESS TO SEND LEASE DOCUMENTS FOR SIGNATURE:

IF IT'S EASIER FOR YOU TO SEND IN YOUR EXISTING BUSINESS REFERENCES SHEET, THAT'S FINE.  
 PLEASE COMPLETE THE APPLICATION, SIGN IT AND FAX EVERYTHING TO US.

AUTHORIZING OFFICERS / TITLE	% OWNED	SOCIAL SECURITY #	Phone #	HOME ADDRESS
TITLE:				
TITLE:				

BANK NAME	BUSINESS ACCOUNT #	AVG. BAL.	CONTACT & PHONE NUMBER
		\$	TELEPHONE:

IF THE TRANSACTION DOES NOT AUTOMATICALLY CREDIT SCORE "APPROVED" THEN WE WILL CALL YOU FOR ADDITIONAL INFORMATION.

PLEASE BRIEFLY DESCRIBE WHAT EQUIPMENT WE ARE FINANCING:

YOUR ADI SALES REPRESENTATIVE'S NAME, BUSINESS PHONE NUMBER AND CELL PHONE NUMBER:

**Eric Lindsey Ph# (281) 890-0088 Cell# (832) 347-5597**

<i>PLEASE FAX A COPY OF ORDER WITH APPLICATION IF POSSIBLE</i>	APPROXIMATE COST OF EQUIPMENT / SYSTEM:	END OF LEASE TERM BUYOUT:
	\$	<input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% / FMV

LEASE / FINANCE TERM IN MONTHS (Check One)	APPROXIMATE MONTHLY PAYMENT QUOTED:
<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	\$

By: \_\_\_\_\_  
 Authorizing Officer

By: \_\_\_\_\_  
 Authorizing Officer

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Print Name