

Commercial Credit Application

Please complete this application and fax to 717-933-9782

1. Business Data:

Business Name _____
Phone # _____ Fax# _____
Cell# _____ Email _____
Address _____ City _____ State _____ Zip _____
Contact Name _____ Year Established _____
Type of Business _____ Federal Tax ID# _____
Business Structure (Circle one): Corporation LLC Partnership Sole Proprietor Individual

2. Personal Data: (All Corporate Owners, Partners, or Individuals)

a. Name: _____ SSN# _____
Address _____ City _____ State _____ Zip _____
% of Ownership _____ Drivers License # _____

3. Bank:

Name	City/State/Zip	Phone#	Contact	Acct#
_____	_____	_____	_____	_____

4. Employment: (Circle one): Present Future

Name of Company	City/State/Zip	Phone#	Contact	Acct#
_____	_____	_____	_____	_____

5. Additional Information:

Amount Needed \$ _____ Type of Truck or Equipment Desired _____
Notes: _____

Authorization

I/We hereby authorize any credit bureau or any other investigative agency to investigate the references herein listed or statements or other data obtained from me/us or from any other person pertaining to my/our credit and financial responsibility. I/We represent, warrant and affirm that all of the statements made by me/us in this application are true and correct. Fair Credit Reporting Act Disclosure: This application for credit can be submitted to various financial institutions. A fax or photocopy of this authorization shall be valid as the original.

Signature(s) and Title(s) _____ **Date** _____