



# Application For Credit

Business Name Filed with State: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Equipment Location Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web Address: http:// \_\_\_\_\_

Company Contact: \_\_\_\_\_  
First Middle Last

Practice License Number: \_\_\_\_\_

Principle Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street City State Zip

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Business Banking Institution: \_\_\_\_\_ Acct #: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade Account 1: \_\_\_\_\_ Acct #: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade Account 2: \_\_\_\_\_ Acct #: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade Account 3: \_\_\_\_\_ Acct #: \_\_\_\_\_ Phone: \_\_\_\_\_

Vendor / Manufacturer Name: \_\_\_\_\_

Vendor / Manufacturer Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Entity:  Corporation  LLC/LP/LC  Partnership  Sole Proprietorship

Nature of Business: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ Term:  24  36  48  60

YES, I authorize Omni Funding or assigns to contact you for verbal ratings on my bank accounts or trade references. If policy is no verbal ratings, Omni funding will fax an information release to complete and fax back.

By signing above, the individual as principle of and/or, guarantor for the credit applicant authorizes Omni Funding, its designee, assigns or potential assigns, the use of consumer credit reports in considering this application, and from time to time as may be needed to: update, renewal, or extension of applicant credit, and for the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Please fax to: (801) 566-7458.

Signature: \_\_\_\_\_