



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) 665-1807.

Signature: _____