



FLCC Financing
 103 20TH Street NE Ste 4
 Stewartville, MN 55976
 Ph. (507)533-6600/ Fax. (507) 533-6633

BUSINESS CREDIT APPLICATION

DATE: _____

BUSINESS NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTY: _____

PHONE: _____ FAX: _____ FED TAX ID #: _____

CONTACT PERSON: _____ CONTACT E-MAIL ADDRESS: _____

COMPANY WEBSITE ADDRESS: _____ EMPLOYEES: FULL TIME _____ PART TIME _____

ORGANIZATION TYPE:
 CORPORATION PARTNERSHIP PROPRIETORSHIP INDIVIDUAL LLC OTHER: _____

HOW LONG IN BUSINESS: _____ NET SALES: _____ NET INCOME: _____

CORPORATE YEAR END: _____ ANNUAL REVENUES _____ FLEET SIZE _____

BANK REFERENCES:

_____	_____
<i>Bank Name</i>	<i>Bank Name</i>
_____	_____
<i>Address</i>	<i>Address</i>
_____	_____
<i>Contact Name</i>	<i>Contact Name</i>
_____	_____
<i>Acct. No.</i>	<i>Telephone Number</i>
_____	_____
<i>Acct. No.</i>	<i>Telephone Number</i>

LEASE/FINANCE COMPANY REFERENCES:

_____	_____
<i>Finance Company Name</i>	<i>Finance Company Name</i>
_____	_____
<i>Address</i>	<i>Address</i>
_____	_____
<i>Contact Name</i>	<i>Contact Name</i>
_____	_____
<i>Acct. No.</i>	<i>Telephone Number</i>
_____	_____
<i>Acct. No.</i>	<i>Telephone Number</i>

TRADE REFERENCES: (These are suppliers who have extended credit to you)

_____	_____
<i>Company Name</i>	<i>Company Name</i>
_____	_____
<i>Address</i>	<i>Address</i>
_____	_____
<i>Contact Name</i>	<i>Contact Name</i>
_____	_____
<i>Telephone Number</i>	<i>Telephone Number</i>

ALL PRINCIPALS, OFFICERS, & STOCKHOLDERS: (over 10%)

<i>Name</i>	<i>Title</i>	<i>Name</i>	<i>Title</i>
<i>Home Address</i>	<i>Social Security #</i>	<i>Home Address</i>	<i>Social Security #</i>
<i>Name</i>	<i>Title</i>	<i>Name</i>	<i>Title</i>
<i>Home Address</i>	<i>Social Security #</i>	<i>Home Address</i>	<i>Social Security #</i>

Are there any prior bankruptcies, suits or judgements against any of the above individuals? Yes No
If yes, explain: _____

ADDITIONAL REFERENCES/PRINCIPLES/INFORMATION:

<i>Name</i>	<i>Name</i>
<i>Address</i>	<i>Address</i>
<i>Contact Name</i>	<i>Contact Name</i>
<i>Acct. No.</i>	<i>Acct. No.</i>
<i>Telephone Number</i>	<i>Telephone Number</i>

LEASE TERMS:

CAP COST: _____ LEASE TYPE: _____
TERM: _____ PURCHASE OPTION: _____
SALES TAX EXEMPT?: Yes No IF YES - REASON: _____
EQUIPMENT DESCRIPTION: _____

AUTHORIZATION:

I certify that the information stated in this application is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I authorize FLCC Financing, or any assigns of FLCC Financing, to make credit investigations, obtain credit reports and other financial information (written or oral), check credit and employment history, obtain insurance information, and any other information as deemed necessary. I authorize FLCC Financing, or any assigns of FLCC Financing, to contact all creditors/references and authorize all creditors/references so contacted to release to you such credit information as you may request.

COMPANY NAME: _____ DATE: _____
BY: _____ TITLE: _____