MANUFACTURERS CREDIT SOLUTIONS
CREDIT APPLICATION

Company Name _____
Billing Address _____
City _____ State _____ Zip _____
County _____
Contact Person _____
Phone Number _____
Fax Number _____
E-Mail Address _____

Organized as
- ☐ Sole Proprietorship *(Copy of Driver's License Required)*
- ☐ Partnership
- ☐ Standard Corporation
- ☐ Sub Chapter S Corporation
- ☐ Limited Liability Corporation *(Copy of Articles of Organization and LLC Operating Agreement Required)*

If Corporation, fiscal year ends _____
Name of Corporate Secretary _____

Enter Equipment Address below **if different** from Billing Address:

_____

OWNER INFORMATION: (If more than two owners, please submit the additional owner information on a blank piece of paper)

Name _____ Name _____
Home Address _____ Home Address _____
_____ _____
SSN _____ DOB _____ SSN _____ DOB _____
Title _____ % of Ownership _____ Title _____ % of Ownership _____

BANK INFORMATION:

Name of Bank	Type/Account Number	Phone Number	Fax Number	Contact Person	Mo. Payment
	Checking ☐ Loan ☐ Acct No.:				
	Checking ☐ Loan ☐ Acct No.:				

Landlord's Name, Address, Phone# _____
Commercial Insurance Agent's Name, Address, Phone# *(Equipment financed must be insured during the term of the lease/loan)*

_____

How long have you been in business? _____ Federal Tax ID# _____
Annual Sales _____ Backlog of Orders Currently In-house (in dollar value) _____

By my signature below, I hereby authorize any of the above references to release any credit information requested by MCS and its Agents/Assigns or its designee (and any assignee or potential assignee thereof). MCS and I certify that each individual named on this application has authorized MCS to request, obtain and review his or her personal credit profile from a national credit bureau or otherwise. This application in its entirety, including all authorizations and certifications, shall apply to any future request for financing from MCS, and such authorizations and certifications shall be deemed repeated at such time, unless a new written application is submitted.

Date: _____ Signed By: _____ Title: _____
Date: _____ Signed By: _____ Title: _____

Please print, sign and return the application to:
Darryl Schoen
darryl@fab-innovations.com
Phone 949 636-0114