

Emax Financial Services
121 Highway 36, Suite 230
West Long Branch NJ 07740
phone 917-673- 4371 fax 928-396-5480
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Credit Application

BUSINESS INFORMATION

Company Name:	Business Phone:	Business Fax:
Physical Address:	City:	State: Zip Code:
Years Under Same Ownership:		
Type of Business (Check One): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Municipality <input type="checkbox"/> Nonprofit <input type="checkbox"/> LLC		
Federal I.D. No.:	Date of Incorporation/Organization:	

PERSONAL INFORMATION *Include all owners to account for 100% of company ownership*

Owner 1 Primary Contact Name:	Title:	Ownership %	SSN:
Home Phone:	Business Phone:	Alternate Phone:	E-mail Address:
Home Address	City:	State:	Zip Code:
Owner 2 Name:	Title:	Ownership %	SSN:
Home Address	City:	State:	Zip Code:
Owner 3 Name:	Title:	Ownership %	SSN:
Home Address	City:	State:	Zip Code:
Has any Owner/Officer filed Bankruptcy in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EQUIPMENT INFORMATION *Please attach the equipment quote if available*

Qty.	Year	Make	Model	Purchase Price

Equipment Seller	Company Name:	City:	State:	Phone:
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The undersigned acknowledge(s) the statements on this application are true, correct and accurate to the best of my (our) knowledge, and the information contained herein may be used by Emax Financial Services LLC (Emax) to make credit decisions. The undersigned authorize(s) us and affiliates to obtain any consumer and /or business information from banks, credit unions, as well as other credit reporting services, and authorizes them to furnish such information to Emax. The undersigned acknowledge(s) that this signed application form is an application for credit only, and the final terms of the loan/rental agreement will be based on the documents themselves. No commitment exists until the Applicant / Joint Applicant(s) receives the same in writing from Emax.

APPLICANT (PRINT) _____ CUSTOMER SIGNATURE /DATE _____ / /

CO-APPLICANT (PRINT) _____ CUSTOMER SIGNATURE /DATE _____ / /