



Atlantic Business Credit

1865 NE Dixie Highway
Jensen Beach, FL 34957

Credit Application ob-3

Ph: 1-800-625-2455
Fax: 1-772-334-7999

Business Name		Phone	Fax
Business Address		City	State Zip
Equipment Location Address		City	State Zip
Type of Business		Date Established	
Federal Tax ID #	E-Mail / Website		How Long at This Address
Insurance Agent		Phone	Fax
Landlord Company Name		Contact Phone	Fax

Business Ownership: Sole Owner Partnership LLC Corporation Date Incorporated: _____ State Incorporated: _____

Owners / Officers:

Name	% Owner	Title	Social Security No.
Address		E-Mail Address	Date of Birth
City	State	Zip	Phone
Name	% Owner	Title	Social Security No.
Address		E-Mail Address	Date of Birth
City	State	Zip	Phone

Banking Information:

Bank	Contact	Phone	Fax
Account #	Loan #		

Trade References:

Supplier's Name	Phone #	Account #	Contact

Other Leases:

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Equipment & Supplier / Distributor:

Supplier	Salesperson	Phone	Fax
Address		City	State Zip
Type of Equipment	Residual	E-Mail	
Term	Monthly Payment	Total Cost	Expected Delivery Date

Credit Release:

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to (Atlantic Business Credit) or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the application received.

~~X~~ Signature

~~X~~ Date

Please Note: All fields are required. The mark indicates commonly overlooked fields.