

Charlotte, NC 28273 **Phone:** (980)-400-0026

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License #: 60DBO-116449

CREDIT APPLICATION

COMPANY INFORM	ATION
Legal Business Name:	

COMPANY INFORMATION					
Legal Business Name:		Trade	Name:		
Address:	City:		State	: ZIP:	
Phone: Ema	il:		ears of Industry eperience:		
Years in Business:	Annual Revenue:		Fed Tax ID:		
Business Description:	Business S	Structure:	Corporation L	LC Sole Prop	Other
OWNER(S) INFORMATION					
Name:	Title:	9	SSN:	DOB:	
Home Address:	Own Rent	City:	Sta	te: ZIP:	
Email:	% Ownership:		Cell #:		
Name:	Title:	9	SSN:	DOB:	
Home Address:	Own Rent	City:	Sta	te: ZIP:	
Email:	% Ownership:		Cell #:		
VENDOR & EQUIPMENT INF	ORMATION - NO	T REQUIRE	D BUT PREFERF	RED	
Vendor Name:	Point of Contact/Sales Rep:				
Vendor Address:		City:	Sta	te: ZIP:	
Vendor Phone:		Amount:			
Equipment Description:					
ly typing your signature(s) below, the undersigned individual, who is a lesignee (and any assignee or potential assignee thereof) authorizing nuthorization shall extend to obtaining a credit profile in considering the sulting account. A photostat or facsimile copy of this authorization sl	r review of his/her personal credit profile fi this application and subsequently for the p	rom a national credit bure ourposes of update, renew	eau as well as obtaining ban and/or wal or extension of such credit or addi	other credit information as require itional credit and for reviewing or c	d. Such ollecting the
Applicant Signature:		Title:			
Print Name:		Date:			
Applicant Signature:		Title:			
Print Name:		Date:			