

CREDIT APPLICATION & CUSTOMER INFORMATION

Fax to: 918-252-3322

(COMPANY INFORMATION		
Customer Name:			
Street Address:			
City/State/Zip:			
Type of Business:			
Premises: ○ Mortgage ○ Lease		·	
Holder of Mortgage:			
Р	RINCIPAL INFORMATION		
Name:	Title:	Title:	
Street Address:			
Social Security Number:		nber:	
Name:	Title:		
Street Address:			
Social Security Number:	Bank Account Num	nber:	
	BANK REFERENCES		
Bank Name:	Phone Number:	Phone Number:	
Street Address:			
Account Number:			
Bank Name:			
Street Address:			
Account Number:	Date Opened:		
	TRADE REFERENCES		
Name:	Phone Number:		
Street Address:	Contact:		
Account Number:	Date Opened:		
Name:	Phone Number:		
Street Address:	Contact:	Contact:	
Account Number:		Date Opened:	
	LEASE DETAILS		
Equipment:	Cost:	Cost:	
Term:	Payment Amount:	Payment Amount:	
Factor:	Advanced Payment	Advanced Payments:	
	ACKNOWLEDGEMENT		
I here by authorize PBS or any other investigative statements or other data obtained from me or from this application does not obligate lessor to enter	om any other person pertaining to my cer into the lease.	redit and financial responsibility.	
Authorized Signature	Print Name	Date	