** Phone 425-210-3352**

 **Email ralph@connexweb.com**

**Credit Application**

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| **Applicant** |
| Name of Company      | DBA Name      | Date Established      |
| Billing Address      | City      | State      | Zip      |
| Equipment Location Address      | City      | State      | Zip      |
| Business Phone      | Contact Person      | Title      |
| Cell Phone      | Email Address      | Website      |
| Nature of Business      | Federal ID Number      | UBI Number      |
| Type of Business:[ ]  Corporation [ ]  LLC [ ]  Partnership [ ]  Proprietorship [ ]  Non Profit [ ]  Other | Past ConneX Customer:[ ]  Yes [ ]  No |

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| **Required for all corporations, LLC’s, LLP’s, Limited Partnerships and Non Profits** |
| State of Organization      | Organizational/Charter Number      |

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| **Principals** (All principals listed below must sign application) |
| Name      | Title      | Percentage of Ownership      |
| Full Address      | Phone      | S.S. #      |
| Name      | Title      | Percentage of Ownership      |
| Full Address      | Phone      | S.S. #      |
| Name      | Title      | Percentage of Ownership      |
| Full Address      | Phone      | S.S. #      |

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| **Insurance Company** |
| Insurance Company      | Agent      | Phone      |

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| **Equipment Desired** |
| **Description** | **Total Cost** |
| **# of Units** | **Model #** | **Condition** | **Year Manufactured** | **Manufacturer** |
| **Vendor/Supplier** | **Contact** | **Phone** |

The undersigned individual who is either a principal, a personal guarantor or a sole proprietor of the credit applicant, recognizing that he or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes ConneX. or its designee the use of a consumer credit report on the undersigned, from time to time as may be needed.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_