



799 Roosevelt Road Suite 6-215 • Glen Ellyn, IL 60137

Attn:

Toll Free (800) 772-7180

In IL (630) 850-7180

Fax (630) 953-9288

Credit Application

Legal Business Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_ Tele # \_\_\_\_\_ EXT: \_\_\_\_\_

Fax # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address: \_\_\_\_\_

Nature of your business and Equipment Location: \_\_\_\_\_ Fed ID# \_\_\_\_\_

Type of Ownership: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corp \_\_\_\_\_ LLC \_\_\_\_\_ Date YOU started the Business: \_\_\_\_\_

PRINCIPALS OR OWNERS OF BUSINESS:

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Title \_\_\_\_\_ Ownership Percent \_\_\_\_\_ %

Title \_\_\_\_\_ Ownership Percent \_\_\_\_\_ %

YOUR MAIN BANK REFERENCES FOR PAST THREE YEARS:

Bank Name \_\_\_\_\_

Bank Name \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_

Open Date: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Open Date \_\_\_\_\_ Average Balance: \_\_\_\_\_

Checking Acct # \_\_\_\_\_

Checking Acct # \_\_\_\_\_

Loan # \_\_\_\_\_

Loan # \_\_\_\_\_

Officer Name \_\_\_\_\_

Officer Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

OTHER LEASE/BUSINESS INSTALLMENT DEBT FOR PAST TWO YEARS:

Company Name \_\_\_\_\_ Acct# \_\_\_\_\_ Open Date: \_\_\_\_\_ Tele # \_\_\_\_\_

Company Name \_\_\_\_\_ Acct# \_\_\_\_\_ Open Date: \_\_\_\_\_ Tele # \_\_\_\_\_

MAJOR TRADE REFERENCES FOR PAST TWO YEARS:

Company Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Contact \_\_\_\_\_ Acct # \_\_\_\_\_ Open Date \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Contact \_\_\_\_\_ Acct # \_\_\_\_\_ Open Date \_\_\_\_\_

Landlord/ Business Mortgage \_\_\_\_\_ Telephone # \_\_\_\_\_ Contact \_\_\_\_\_

Supplier: \_\_\_\_\_ Contact: \_\_\_\_\_ PH# \_\_\_\_\_

Equipment Description: \_\_\_\_\_ Equipment Cost: \_\_\_\_\_

EQUAL CREDIT OPPORTUNITY ACT. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please mail request to Credit Manager, 799 Roosevelt Road, Suite 6-215, Glen Ellyn, IL 60137 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006 and the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

RELEASE: This will be your authority and my request for you to release any and all information requested concerning personal or company credit information/ratings by telephone or fax to OBL Financial Services Inc. or any of its assignees. This includes the review of each individual(s) consumer credit information, which may factor in the credit decision. To the best of my knowledge, all of the above information is accurate.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_