

# CREDIT APPLICATION: FAX TO 1-515-271-8402



eVending.com™

Amount of Credit Requested (check one): \_\_\_ \$0 - \$5000 \_\_\_ \$5,000 - \$25,000 \_\_\_ \$25,000+

## Customer Information

Legal Business or Customer Name: \_\_\_\_\_ D/B/A Name (if any) \_\_\_\_\_

Type of Business (Check one) Sold P \_\_\_\_\_ Partnership \_\_\_\_\_ Corp \_\_\_\_\_

Years in Business: \_\_\_\_\_ yrs.

Business/Customer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business/Customer Phone: \_\_\_\_\_ Cell/Alternate Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Owner/Authorized Signer 1 Name (Print): \_\_\_\_\_ Social Security No: \_\_\_\_\_

Owner/Authorized Signer 2 Name (Print): \_\_\_\_\_ Social Security No: \_\_\_\_\_

## Credit Information

Check One: \_\_\_ Home Owner \_\_\_ Renter \_\_\_\_\_ Number or Years at address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Nearest Relative not Living with Customer: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**Employed Outside Vending Business: \_\_\_ Yes \_\_\_ No**

## Employment Information (If employed outside business or in business less than one year)

Name of Employer of Signer 1: \_\_\_\_\_ Salary \_\_\_\_\_ Position \_\_\_\_\_ Phone # \_\_\_\_\_ Yrs Employed \_\_\_\_\_

Name of Employer of Signer 2: \_\_\_\_\_ Salary \_\_\_\_\_ Position \_\_\_\_\_ Phone # \_\_\_\_\_ Yrs Employed \_\_\_\_\_

## Trade References

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Account # \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Account # \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Account # \_\_\_\_\_

I understand that Wittern Financial Services is relying on this information in extending credit and I warrant it to be true. I hereby authorize WFS or any bank/and or trade bureau or other investigative agencies employed by WFS to investigate the references herein listed or other data obtained from me or any other person pertaining to my credit and financial responsibility. The undersigned authorizes all parties contacted to release credit information requested or its successors or assigns.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_