

Credit Application



Freedom Financing LLC

P.O. Box 235
Basehor, KS 66007

Phone 913.238.6803
Fax 913.728.2233

Salesperson: <u>Kristi Kunard</u>		Program			
BUSINESS INFORMATION					
Complete Legal Company Name:					
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C. <input type="checkbox"/> MUNICIPALITY <input type="checkbox"/> NON PROFIT					
STREET ADDRESS CITY STATE ZIP CODE					
COUNTY	PHONE #	CELL PHONE #	FAX #		
NATURE OF BUSINESS			OTHER BUSINESS NAMES USED		
FEDERAL I.D. #	DATE BUSINESS STARTED DATE OF INCORPORATION	YEARS UNDER CURRENT OWNERSHIP	D&B #		
OFFICERS/OWNERS/PARTNERS					
NAME #1			NAME #2		
TITLE	%owned	TITLE	%owned		
SPOUSE	%owned	SPOUSE	%owned		
RESIDENCE			RESIDENCE		
HOME PHONE	SOCIAL SECURITY #	HOME PHONE	SOCIAL SECURITY #		
HAS ANY OWNER/OFFICER FILED BANKRUPTCY IN THE LAST 10 YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES					
BANK REFERENCES					
Bank Name	Phone #	Acct. # (List All)	Contact	Acct. Type	
TRADE REFERENCES					
Company Name	Phone #	Acct. #	Contact		
EQUIPMENT TO BE LEASED/PURCHASED					
Qty	New/Used(Age)	Description	Model #	Price (w/o Tax)	Term
VENDOR INFORMATION					
COMPANY NAME		PHONE #	FAX#	CONTACT	
ADDRESS					
EQUIPMENT LOCATION (Physical Address):					

Customer release: The undersigned authorizes all parties contacted to release credit and financial information requested by Freedom Financing LLC or their assigns.

Signed: _____ Title: _____ Date: _____

(NOTE: For faster service, please FAX as soon as possible)