

FLUSHING AUTOMOTIVE FINANCIAL SERVICES

135 Haven Avenue, Port Washington, NY 11050

Tel : 516-767-2700 • Fax: 516-767-2703

CORPORATE CREDIT APPLICATION

- Please fill out the attached application and e-mail or fax back to our office along with your last three (3) months business banking statements (first page only).
- For transactions that will exceed \$150,000.00 please include your last two years of corporate tax returns and/or financials.
- Any comparative borrowing experience (i.e., accounts with other lenders you have positive experiences) would be very helpful.
- An account number along with a phone number and contact name should be forwarded.
- If there is any questions please feel free to contact our office.

The Choice is Yours.... The Pleasure is Ours!

Date: _____

Full Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Year Organized: _____ County: _____ State: _____ Contact Person: _____

State Form of Organization: Corporation Partnership Proprietorship

Your Name: _____

Title: _____

Federal Tax I.D. Number: _____

If In Business Less Than 2 Years

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Yearly Salary: \$_____ Position: _____ How Long: _____

Personal Guarantor

Name: _____ Income: \$_____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____ Home Phone: _____

Residence: Own Rent Other Monthly Payment: \$_____

U.S. Citizen: Yes No

Mortgage With: _____ How Long: _____

Employer: _____ Address: _____

Business Phone: _____ Income: \$_____ Position: _____ How Long: _____

Additional Income Per Year: \$ _____ Source: _____

Spouse or Additional Guarantor

Name: _____ Income: \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____ Home Phone: _____

Residence: Own Rent Other Monthly Payment: \$ _____

U.S. Citizen: Yes No

Mortgage With: _____ How Long: _____

Employer: _____ Address: _____

Business Phone: _____ Income: \$ _____ Position: _____ How Long: _____

Additional Income Per Year: \$ _____ Source: _____

Primary Bank

Business: _____ Branch: _____

Type of Account: Savings Personal Business Money Market Other

Contact: _____ Phone: _____ Account Number: _____

Credit References

Creditor: _____ Type Account: _____ Hi Credit: _____ Phone: _____ Contact: _____

Creditor: _____ Type Account: _____ Hi Credit: _____ Phone: _____ Contact: _____

Vehicle Information

Lease Own

Year: _____ Make: _____ Model: _____ MSRP: _____ Invoice: _____ Mileage: _____

Selling Price: \$ _____ D/P: \$ _____ Amount Financed: \$ _____ Balloon: \$ _____ Mos.: _____

Comments

FAIR CREDIT REPORTING ACT AUTHORIZATION

For the purpose of securing credit from you, I certify that the above information is true and complete to the best of my knowledge. Applicant authorizes *FLUSHING AUTOMOTIVE FINANCIAL SERVICES* and/or its assignees to check my credit and employment history and to provide and/or obtain information about credit experience with me.

Signature: _____