

Credit Application

LEGAL BUSINESS NAME		DBA NAME		FED TAX I.D. #	
BUSINESS ADDRESS			CITY		STATE ZIP
BUSINESS PHONE	BUSINESS WEBSITE		BUSINESS FAX	BUSINESS EMAIL	
LOCATION OF EQUIPMENT (if different)			CITY		STATE ZIP
DISTRIBUTOR	CONTACT	PHONE NUMBER	Equipment: <input type="checkbox"/> New <input type="checkbox"/> Used/Acquisition		TERM <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> 84 <input type="checkbox"/> OTHER ____
TYPE OF BUSINESS <input type="checkbox"/> Vended Laundry (Card- or Coin-Operated) <input type="checkbox"/> On-Premise Laundry (OPL) <input type="checkbox"/> Route <input type="checkbox"/> Other		BUSINESS STRUCTURE <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation State		DOES YOUR BUSINESS OFFER ANY OF THE FOLLOWING? <input type="checkbox"/> Money Orders <input type="checkbox"/> Foreign Exchange Options <input type="checkbox"/> Travelers Checks <input type="checkbox"/> Check Cashing <input type="checkbox"/> Lottery Tickets <input type="checkbox"/> ATM (how often is it replenished ____) <input type="checkbox"/> Calling Cards <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> None of the above	
				AGE OF BUSINESS	
				YRS OF CURRENT OWNERSHIP	
				REQUESTED FINANCE AMOUNT	

PERSONAL INFORMATION	PRINCIPAL/APPLICANT/OWNER #1 LEGAL NAME		TITLE	% OWNERSHIP	YEARS IN BUSINESS	DATE OF BIRTH	
	RESIDENTIAL ADDRESS		CITY	STATE	ZIP	SS NUMBER	
	E-MAIL			CELL PHONE			
	CURRENT EMPLOYER		CITY	STATE	ZIP	PHONE	YEARS EMPLOYED
	<input type="checkbox"/> OPT OUT OF DOC U SIGN	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	EVER HAD A JUDGEMENT OR LIEN? <input type="checkbox"/> NO <input type="checkbox"/> YES		ARE YOU A DEFENDANT IN ANY LEGAL ACTION? <input type="checkbox"/> NO <input type="checkbox"/> YES		
	ANY REPOSSESSIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES	EVER FILED BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/> YES	ARE YOU OBLIGATED TO PAY? <input type="checkbox"/> ALIMONY <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> MAINTENANCE PMTS				
	PRINCIPAL/APPLICANT/OWNER #2 LEGAL NAME		TITLE	% OWNERSHIP	YEARS IN BUSINESS	DATE OF BIRTH	
	RESIDENTIAL ADDRESS		CITY	STATE	ZIP	SS NUMBER	
	E-MAIL			CELL PHONE			
	CURRENT EMPLOYER		CITY	STATE	ZIP	PHONE	YEARS EMPLOYED
<input type="checkbox"/> OPT OUT OF DOC U SIGN	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	EVER HAD A JUDGEMENT OR LIEN? <input type="checkbox"/> NO <input type="checkbox"/> YES		ARE YOU A DEFENDANT IN ANY LEGAL ACTION? <input type="checkbox"/> NO <input type="checkbox"/> YES			
ANY REPOSSESSIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES	EVER FILED BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/> YES	ARE YOU OBLIGATED TO PAY? <input type="checkbox"/> ALIMONY <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> MAINTENANCE PMTS					
OTHER BUSINESSES OWNED	NAME		ADDRESS	YEARS OWNED	<input type="checkbox"/> PRESENTLY OWN <input type="checkbox"/> NO LONGER OWN		
	NAME		ADDRESS	YEARS OWNED	<input type="checkbox"/> PRESENTLY OWN <input type="checkbox"/> NO LONGER OWN		
BANK INFORMATION	PRESENT BANK		ADDRESS	CITY	STATE	ZIP TELEPHONE	
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	SAVINGS ACCT. NO.	LOAN NO.	OFFICER	
OWN/LEASE INFORMATION	<input type="checkbox"/> LANDLORD or <input type="checkbox"/> MORTGAGE HOLDER		NAME		CONTACT	TELEPHONE	
			ADDRESS		EMAIL		

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you or any assignee or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. I AUTHORIZE THE RELEASE OF ANY CREDIT OR FINANCIAL INFORMATION TO CONTINENTAL GIRBAU INC. (CGI) AND ANY ASSIGNEE, OR FINANCIAL SOURCE.

X _____
PRINCIPAL/APPLI #1 – SIGNATURE SIGNER'S PRINTED NAME DATE

X _____
PRINCIPAL/APPLICANT/OWNER #2 – SIGNATURE SIGNER'S PRINTED NAME DATE

The above signed principal(s) certify that he/she has full authority to act on behalf of the applicant. The applicant (if a sole proprietor), principals, and guarantors each certify that all of the information contained in this application and on each document required to be submitted in connection herewith are true and complete. The applicant (if a sole proprietor) and each guarantor hereby authorize CGI and/or its assigns to obtain his/her credit profile from the national credit bureau(s) for the purpose of considering this credit application and any subsequent update, renewal, collection or additional credit. An electronic copy of this authorization shall be as valid as the original. Furthermore, the applicant and guarantors hereby authorize each bank and trade reference listed in this credit application to release information about the applicants and guarantors to CGI and/or its assigns, as requested by CGI and/or its assigns. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial by writing to CGI and/or its assigns, at 2500 State Rd. 44, Oshkosh, WI 59404 within sixty (60) days from the date you are notified of our decision. CGI and/or its assigns will send you a written statement of the reasons for the denial within thirty (30) days of receiving your request for the statement. 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 that 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: Federal Reserve Consumer Help Center, P.O. Box 1200, Minneapolis, MN55480. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means that when you apply for a loan, CGI and/or its assigns will ask you for your name, address, date of birth, and other information that will allow us to identify you. CGI and/or its assigns may also ask to see a government issued ID such as a driver's license, non-driver's ID, passport, or other identifying documents. If you intend to act as a guarantor for the credit of one or more primary applicant(s) and are providing information to CGI and/or its assigns for that purpose, please be advised that if CGI and/or its assigns determines that you do not meet its standards of creditworthiness for the amount and/or kind of credit desired by the primary applicant, CGI and/or its assigns is required by law to provide the specific reasons for such adverse action to the primary applicant and NOT to you. Unless you are willing to share the specific reasons for adverse action based upon your credit history with the primary applicant, you should not sign this application or submit a Personal Financial Statement to CGI and/or its assigns. In addition, CGI and/or its assigns is hereby authorized to file any financing statement with the appropriate public authority in order to properly perfect a security interest on a timely basis.