



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 _____