

**REMIT TO: 8515 Baymeadows Way #201, Jacksonville, FL 32256**

8515 BAYMEADOWS WAY #201 JACKSONVILLE, FL 32256

Phone: (904) 732-2151 Fax: (904) 732-2152

www.pioneerjax.com email: rentals@pioneerjax.com

CREDIT APPLICATION

Date:

Business Name:

Federal ID #

Business Type:	Corporation	S Corp	LLC	State Incorporated	Sole Proprietor
	Partnership				

Registered Address:

Physical Street Address:

Billing Address:

Email address:	Telephone #	Fax #
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D-U-N-S Number (if known):

Is this business state tax exempt? No Yes, if yes please attach a copy of tax exemption certificate.

<u>Name of Owners(S)</u>	<u>(%) ownership</u>	<u>Title</u>	<u>Home Address</u>	<u>SSN#</u>
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Are any of the owners a defendant in any suites or legal action? No Yes, if yes explain

Have any of the owners ever declared bankruptcy? No Yes, if yes explain

Business Activities

Date of Incorporation:	Number of Employees	Annual revenue
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Does the business rent or lease or own its premises?

List the main revenue generating activities and state the percentage each activity contributes to revenue.

1 (%) of total revenue

2 (%) of total revenue

3 (%) of total revenue

Has the business's cash flow position improved or declined over the last year?

Explain

Date:

Authorization to Release Personal Information

To be completed by Sole Proprietors and Partners

Individual

Name

SSN#

Date of Birth

Address

Annual Income

Net Worth

Personal Bankruptcy

No

Yes

If yes explain

Monthly Housing Payment

Drivers License #

State

Contractor License #

Bank Loans

No

Yes, if yes:

1.Name of Bank / Financial Institution to which payments are due

Type of Loan

Loan Account Number

Total Current Balance

2.Name of Bank / Financial Institution to which payments are due

Type of Loan

Loan Account Number

Total Current Balance

3.Mortgage Company / Landlord

Contact Name

Contact Number

Monthly Payment

4.Auto Car Loan

Contact Name

Contact Number

Monthly Payment

5.Credit Card Debt

Amount outstanding

Monthly Payment

The undersigned hereby consents to and authorizes Pioneer and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, to collect information on the applicant's credit records, as may be needed in the credit evaluation and review process.

Signature:

Social Security Number:

Printed Name:

Date: