

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

8515 BAYMEADOWS WAY #201 JACKSONVILLE, FL 32256

Fax: (904) 732-2152

(%) of total revenue

over the last year?

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

Phone: (904) 732-2151

CREDIT APPLICATION Date: **Business Name:** Federal ID# Corporation S Corp LLC State Incorporated **Sole Proprietor Business Type:** Partnership Registered Address: **Physical Street Address:** Billing Address: Email address: Telephone # Fax # D-U-N-S Number (if known): Yes, if yes please attach a copy of tax exemption certificate. Is this business state tax exempt? No Name of Owners(S) (%) ownership Title Home Address SSN# Are any of the owners a defendant in any suites or legal action? Yes, if yes explain No Have any of the owners ever declared bankruptcy? Yes, if yes explain No **Business Activities** Date of Incorporation: **Number of Employees** Annual revenue 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

or declined

Explain

Has the business's cash flow position improved

3

Accounts Payable Contact:		
Title:	Ph:	E-mail
Financial Information Required		
Please attach a copy of year to date f	inancial statements, c	or a cash flow forecast for the next 6 months
References:		
Bank Reference		
Name of Bank		
Address:		
Contact Person		Phone #
Fax#	E-mail:	
1.Credit Reference:		
Company Name		
Address		
Contact Person:	Phone#:	Fax#: E-mail
Highest amount of Credit Received		
2. Credit Reference:		
Company Name		
Address		
Contact Person:	Phone#:	Fax#: E-mail
Highest amount of Credit Received	rnone#.	rax n . L-man
riighest amount of Credit Neceived		
payment is due to Pioneer Equipment Compa to applicant will not exceed 30 days. Pioneer	ny upon receipt of invoice reserves the right to charg	ncy of the business entity requesting credit. Undersigned agrees that. Notwithstanding same, Pioneer's maximum credit period extended e interest for invoices not paid according these terms at the rate of a terminate credit if account is not paid according to the agreed term
Name of person completing this appli	ication:	
Title:	Ph:	E-mail
Signature:		Date:

Does the business anticipate any major changes to its cash flow position over the next six (6) months?

Authorization to Release Personal Information

To be completed by Sole Proprietors and Partners

Individual								
Name		SSN#		Date of Birth				
Address								
Annual Income		Net Worth	Pers	sonal Bankruptcy	No	Yes		
If yes explain								
Monthly Housing Payn	nent	Driver	s License #		State			
Contractor License #								
Bank Loans	No	Yes, if yes:						
1.Name of Bank / Fina	ncial Instituti	on to which payment	s are due	Type of Loan				
Loan Account Number				Total Current Balance	e			
2.Name of Bank / Final	ncial Instituti	on to which payment	s are due	Type of Loan				
Loan Account Number				Total Current Balance	e			
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:		9	Social Security	Number:				
Printed Name:		I	Date:					