

## Credit Application FAX COMPLETED FORM TO (480) 222-0312



COMPANY INFO	RMATION				
COMPANY ADDRESS	PMPANY ADDRESS			ZIP CODE	COUNTY
BUSINESS PHONE	BUSINESS FA	ΑX	E-MAIL		
TYPE OF BUSINESS	[] CORPORATION	[] PARTNERS	HIP	[] SOLE-PROP	[] NON-PROFIT
FED TAX ID#	YEARS IN BUSI	NESS	NATURE	OF BUSINESS	
	ORMATION ON OF	FICERS, P.			
NAME	TITLE		SOCIAL	SECURITY NUMBI	ER % OWNERSHIP
HOME ADDRESS		CITY, STATE		ZIP CODE	HOME PHONE
DO YOU OWN OR REN	T YOUR CURRENT RESIDE	NCE? [] RE	NT	[] OWN	
NAME	TITLE		SOCIAL	SECURITY NUMBI	ER % OWNERSHIP
HOME ADDRESS		CITY, STATE		ZIP CODE	HOME PHONE
DO YOU OWN OR REN	T YOUR CURRENT RESIDE	NCE? []RE	NT	[] OWN	
COMPANY BAN	K STATEMENTS				
the approval process a	nts is not always a requiren nd payment. If requested, v LAST 3 MONTHS BANK ST	would you be wi	lling to sup	ply bank stateme	
The undersign agrees other materials provid authorizes PFS to obta	ain the credit history of th r indirectly) such credit his	ided above, tog al Services, LLC e undersigned	, "PFS" is t and the of	true, correct, and ficeres and princi	tements, schedules, or complete. The undersigned pals of the company and to tering into an agreement or for
APPLICANT	SIGNAT	TURE		TITLE	DATE
		TURE		TITLE	DATE
EQUIPMENT IN SALES CONTACT	FORMATION	EQUIF	PMENT COS	ST	
EQUIPMENT DESCRIP	TION				