



Credit Application

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Susquehanna Commercial Finance, Inc. | 2 Country View Road, Suite 300 | Malvern, PA 19355

B U S I N E S S	BUSINESS NAME / LESSEE		TRADE NAME (DBA)		CONTACT		
	PHYSICAL ADDRESS (NO PO BOXES)			CITY	STATE	COUNTY	ZIP CODE
	TYPE OF BUSINESS			BUSINESS PHONE NO.	FAX NO.	CELL PHONE NO.	
	LOCATION OF EQUIPMENT (IF DIFFERENT FROM ABOVE)			CITY	STATE	COUNTY	ZIP CODE
	OWNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> C-CORP <input type="checkbox"/> S-CORP <input type="checkbox"/> LLC				E-MAIL ADDRESS		
	NO. OF EMPLOYEES	STATE OF INCORPORATION	DATE BUSINESS STARTED	FED. TAX ID	FLEET SIZE (OWNED/FINANCED/LEASED) TRUCKS TRAILERS OTHER		

O W N E R S H I P	PRINCIPAL'S NAME		TITLE		% OWNERSHIP		SOC. SEC. NO.	
	HOME ADDRESS (NO PO BOXES)			CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	PRIOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO MONTH / YEAR DISCHARGED?				PRIOR REPOSSESSION / FORECLOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	PRINCIPAL'S NAME		TITLE		% OWNERSHIP		SOC. SEC. NO.	
	HOME ADDRESS (NO PO BOXES)			CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	PRIOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO MONTH / YEAR DISCHARGED?				PRIOR REPOSSESSION / FORECLOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	PRINCIPAL'S NAME		TITLE		% OWNERSHIP		SOC. SEC. NO.	
	HOME ADDRESS (NO PO BOXES)			CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
PRIOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO MONTH / YEAR DISCHARGED?				PRIOR REPOSSESSION / FORECLOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO				

B A N K	NAME OF PRIMARY BANK		CONTACT		TELEPHONE		FAX
	ACCOUNT UNDER NAME OF		CHECKING ACCT NO.		SAVINGS ACCT NO.		BORROWING RELATIONSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO

L O A N S	COMPANY NAME		TELEPHONE NO.		CONTACT PERSON		ACCOUNT NO.

A S S E T I N F O	SELLING DEALER			SALESPERSON			E-MAIL
	DEALER STREET ADDRESS			CITY	STATE	ZIP CODE	PHONE
	NEW / USED	EQUIPMENT TO BE FINANCED (Include Year, Make, Model)					
	COST OF EQUIPMENT \$	TERM Months <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> Other	PURCHASE OPTION <input type="checkbox"/> Finance <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% Buyout <input type="checkbox"/> FMV <input type="checkbox"/> Other				
	COMMENTS:						

I/We hereby authorize the release of any and all credit information to Susquehanna Commercial Finance, Inc. and its assigns or agents from the above listed references, and certify that all is true and correct to the best of my knowledge. The undersigned individual(s), recognizing that his/her/their individual credit histories may be a factor in the evaluation of the credit application, hereby consents to and authorizes the above named business credit provider to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X _____ SIGNATURE	X _____ SIGNATURE	X _____ SIGNATURE
_____ DATE	_____ DATE	_____ DATE
TITLE	TITLE	TITLE