



Featherlite Credit Corporation  
Hwy 63 & 9, P.O. Box 319  
Cresco, IA 52136  
Ph. (800) 800-1230/ Fax. (563) 547-6047

## BUSINESS CREDIT APPLICATION

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ FED TAX ID #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ CONTACT E-MAIL ADDRESS: \_\_\_\_\_

COMPANY WEBSITE ADDRESS: \_\_\_\_\_ EMPLOYEES: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

ORGANIZATION TYPE:  
CORPORATION PARTNERSHIP PROPRIETORSHIP INDIVIDUAL LLC OTHER: \_\_\_\_\_

HOW LONG IN BUSINESS: \_\_\_\_\_ NET SALES: \_\_\_\_\_ NET INCOME: \_\_\_\_\_

CORPORATE YEAR END: \_\_\_\_\_ ANNUAL REVENUES \_\_\_\_\_ FLEET SIZE \_\_\_\_\_

## BANK REFERENCES:

_____	_____	_____	_____
<i>Bank Name</i>		<i>Bank Name</i>	
_____	_____	_____	_____
<i>Address</i>		<i>Address</i>	
_____	_____	_____	_____
<i>Contact Name</i>		<i>Contact Name</i>	
_____	_____	_____	_____
<i>Acct. No.</i>	<i>Telephone Number</i>	<i>Acct. No.</i>	<i>Telephone Number</i>

## LEASE/FINANCE COMPANY REFERENCES:

_____	_____	_____	_____
<i>Finance Company Name</i>		<i>Finance Company Name</i>	
_____	_____	_____	_____
<i>Address</i>		<i>Address</i>	
_____	_____	_____	_____
<i>Contact Name</i>		<i>Contact Name</i>	
_____	_____	_____	_____
<i>Acct. No.</i>	<i>Telephone Number</i>	<i>Acct. No.</i>	<i>Telephone Number</i>

## TRADE REFERENCES: (These are suppliers who have extended credit to you)

_____	_____	_____	_____
<i>Company Name</i>		<i>Company Name</i>	
_____	_____	_____	_____
<i>Address</i>		<i>Address</i>	
_____	_____	_____	_____
<i>Contact Name</i>	<i>Telephone Number</i>	<i>Contact Name</i>	<i>Telephone Number</i>

**ALL PRINCIPALS, OFFICERS, & STOCKHOLDERS: (over 10%)**

<i>Name</i>	<i>Title</i>	<i>Name</i>	<i>Title</i>
<i>Home Address</i>	<i>Social Security #</i>	<i>Home Address</i>	<i>Social Security #</i>
<i>Name</i>	<i>Title</i>	<i>Name</i>	<i>Title</i>
<i>Home Address</i>	<i>Social Security #</i>	<i>Home Address</i>	<i>Social Security #</i>

Are there any prior bankruptcies, suits or judgements against any of the above individuals? Yes No  
If yes, explain: \_\_\_\_\_

**ADDITIONAL REFERENCES/PRINCIPLES/INFORMATION:**

<i>Name</i>	<i>Name</i>
<i>Address</i>	<i>Address</i>
<i>Contact Name</i>	<i>Contact Name</i>
<i>Acct. No.</i>	<i>Acct. No.</i>
<i>Telephone Number</i>	<i>Telephone Number</i>

**LEASE TERMS:**

CAP COST: \_\_\_\_\_ LEASE TYPE: \_\_\_\_\_  
TERM: \_\_\_\_\_ PURCHASE OPTION: \_\_\_\_\_  
SALES TAX EXEMPT?: Yes No IF YES - REASON: \_\_\_\_\_  
EQUIPMENT DESCRIPTION: \_\_\_\_\_

**AUTHORIZATION:**

I certify that the information stated in this application is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I authorize Featherlite Credit, or any assigns of Featherlite Credit, to make credit investigations, obtain credit reports and other financial information (written or oral), check credit and employment history, obtain insurance information, and any other information as deemed necessary. I authorize Featherlite Credit, or any assigns of Featherlite Credit, to contact all creditors/references and authorize all creditors/references so contacted to release to you such credit information as you may request.

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
BY: \_\_\_\_\_ TITLE: \_\_\_\_\_