



COMMERCIAL CREDIT APPLICATION

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Business Information					
Legal Business Name:		Annual Revenues:		Tax ID#:	
Mailing Address:			City:	State:	County: Zip Code:
Location of Equipment:			City:	State:	County: Zip Code:
Contact Name:		Email Address:		Telephone:	
State of Incorporation:	Date Incorporated:	Date of Curr. Owner:	Company Website:		
Business Type: C. Corporation <input type="checkbox"/> S. Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>					
Ownership Information (Attach additional pages if needed)					
Principal's Name:		Ownership %:	Date of Birth:	Social Security #:	
Home Address:			City:	State: Zip Code:	Own or Rent:
Personal Email:		Home Phone #:		Cell Phone #:	
Principal's Name:		Ownership %:	Date of Birth:	Social Security #:	
Home Address:			City:	State: Zip Code:	Own or Rent:
Personal Email:		Home Phone #:		Cell Phone #:	
References					
Bank:	Account #:	Contact:	Address:		Phone #:
Trade:	Account #:	Contact:	Address:		Phone #:
Trade:	Account #:	Contact:	Address:		Phone #:
Equipment information					
Vendor Name:		Contact Name:		Phone #:	
Equipment to be Financed (Attach Invoice):		New/Used:	Term Requested:	Equipment Cost:	
<p>I/We hereby authorize the release of any and all credit informatin to Bright Financial Funding, and its assigns and/or designees including banks, financial institutions, lenders etc. to make business and or personal credit inquiries as necessary throughout the term. I understand that this may include a personal credit bureau which will be used in the credit evaluation process and extension of commercial credit and waive any right or claim they would otherwise have under Fair Credit Act in the absence of this continuing consent. I also authorize Bright Financial Funding , its designees or assigns to contact me via any means or media deemed necessary. A fax or photocopy of this authorization shall be valid as the original.</p>					
Signature: _____			Date: _____		
Signature: _____			Date: _____		