



CREDIT APPLICATION

1) Print out form, fill and fax to **(866) 409-9495** To contact **Jennifer Ramella**, please call (727) 366-9345

VENDOR INFORMATION

Vendor Name

Vendor Address City County State Zip

Contact Person Telephone Number

CUSTOMER INFORMATION

Legal Company Name Federal Tax ID # Time In Business

Company Address City County State Zip

Signer Title Telephone Number Email

Nature of Business Dunn # Type of Business: Sole Proprietorship Partnership Corporation LLC

PERSONAL INFORMATION

Owner Name Title Social Security Number % of Ownership

Home Address City State Zip Home Phone Date of Birth

Owner Name Title Social Security Number % of Ownership

Home Address City State Zip Home Phone Date of Birth

COMPANY BANK REFERENCES - TWO YEARS

Name of Bank and Branch How Long Telephone Contact Officer

Checking Account Number Savings Account Number Loan Account Number

COMPARABLE BUSINESS LEASE / LOAN REFERENCE

Creditor Acct # Telephone Amount Financed \$ Monthly Payment \$

EQUIPMENT INFORMATION

Year Make Model

Requested Term: Monthly Quarterly Semi-Annually Other

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes TriRam, LLC its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. I/We warrant it is understood that Lessor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, and I/We will indemnify Lessor for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended leased equipment based on the information contained herein.

Signature X _____ Date: _____
Signature X _____ Date: _____