



Summit Commercial Finance

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Credit Application

Return completed and signed application to:

FAX: (480) 607-6199

14646 N Kierland Blvd., Suite 250 Scottsdale AZ 85254

Company Information

Legal Company Name					<input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> L.L.C.						
Phone		FAX		Federal Tax ID		Time in Business (under current ownership)		# Employees			
Billing Address					Equipment Location (if different than Billing Address)						
City		State		Zip Code		City		State		Zip Code	

How did you find Summit? Other

Principals or Guarantors

Name (Principal/Partner/Owner/Member)			Title			% Ownership	Social Security Number	
Home Address			City/State/Zip					
E-mail Address			Home Phone			Cell Phone		
Name (Principal/Partner/Owner/Member)			Title			% Ownership	Social Security Number	
Home Address			City/State/Zip					
E-mail Address			Home Phone			Cell Phone		
Name (Principal/Partner/Owner/Member)			Title			% Ownership	Social Security Number	
Home Address			City/State/Zip					
E-mail Address			Home Phone			Cell Phone		
Name (Principal/Partner/Owner/Member)			Title			% Ownership	Social Security Number	
Home Address			City/State/Zip					
E-mail Address			Home Phone			Cell Phone		

Have any of the above Principals/Partners/Owners/Members ever filed bankruptcy? Yes No

Vendor Information

Vendor Company Name			Phone		Contact Name	
Equipment Cost	Equipment Description				<input type="radio"/> New <input type="radio"/> Used	

Declaration/Authorization

By signing below, applicant certifies that the above completed information is correct. The undersigned individual as representative for the applicant authorizes Summit Commercial Finance Co. and assignees to check references, bank accounts and Principals/ and or Guarantors' personal credit profiles in considering this application and for the purpose of the update, renewal or extension of credit to the applicant. A fax or photocopy of this authorization shall be valid as the original.

Signature _____

Date _____

Title _____