



Application for Financing

Matt Knapp – Finance Manager

Phone #309-303-6571

Email credit app to

jklein@vermeerhp.com

Joe Klein

BUSINESS INFORMATION:

Full Legal

Business Name _____

Phone(____) _____ Cell(____) _____

No P.O. Box

Street Address _____ City _____ State _____ Zip _____

Federal ID Number _____ Years in Business _____ Gross Annual Sales \$ _____

What type of business / Industry are you in? _____ **How Long in Industry** _____ **Years**

My business is a (circle one) Sole-Proprietorship - Corp.- Partnership - LLC

If partnership requires both partners personal info

Please list any financed equipment references below

Lender/Bank _____ Phone (____) _____ Contact _____

Lender/Bank _____ Phone (____) _____ Contact _____

PERSONAL INFORMATION:

Primary borrower

Name _____ SS# _____ Birth Date _____

No P.O. box

Street Address _____ City _____ State _____ Zip _____

Secondary borrower

Name _____ SS# _____ Birth Date _____

Street Address _____
City _____ State _____ Zip _____

I confirm that this financial statement is given to you by me for the purpose of obtaining credit from time to time; that I have read the same and that it is true and complete. I (we) agree that you may provide credit information about me (us) or my(our)account to others. I agree that if, in your sole opinion, this financial statement is found to be incorrect, any one or more or all of my obligations to you, at your sole discretion, may be matured by you without demand upon or notice to me. For the purpose of securing credit from you or others, I authorize you and others to check my credit and employment history and to provide and/or obtain information about credit experience with me.

Date _____ **Signed x** _____ Title _____

Date _____ **Signed x** _____ Title _____