



5500 Main Street, Suite 260
 Buffalo, NY 14221
 Phone: 877-439-1534 | Fax: 877-660-5756

CREDIT APPLICATION	APPLICATION NUMBER:
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BUSINESS CONTACT INFORMATION

Company name:		Tax ID:	
Phone:	Fax:	E-mail:	
Business address:			
City:		State:	ZIP Code:
Date business commenced:		Annual Gross Sales:	\$
Description of Business:		Net Income:	\$
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>

PERSONAL GUARANTOR INFORMATION

Name:		Social Security Number:	
Address:		Title:	
City:		State:	Zip Code:
Telephone:		E-mail:	
Annual Gross Income	\$	Net Worth:	\$
Name:		Social Security Number:	
Address:		Title:	
City:		State:	ZIP Code:
Telephone:		Email:	
Annual Gross Income	\$	Net Worth:	\$

BUSINESS BANK REFERENCES

Institution Name:		Contact Name:	
Checking Account Number:		Phone:	
Address:		City:	
City:		State:	ZIP Code:

TRADE REFERENCES

Company name:		Account Type:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:		Account Type:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

VENDOR INFORMATION

Vendor Name:		Vendor Phone:	
Full Vendor Address:			
Equipment Type:	Equipment Cost: \$	Contact:	

AGREEMENT

TO SECURE FINANCING, THE UNDERSIGNED INDIVIDUAL WHO IS EITHER THE PRINCIPAL OF THE CREDIT APPLICANT OR A PERSONAL GUARANTOR OF ITS OBLIGATION, PROVIDES WRITTEN INSTRUCTION TO BLUE BRIDGE FINANCIAL, LLC (AND ANY ASSIGNEE OR POTENTIAL ASSIGNEE THEREOF) AUTHORIZING REVIEW OF HIS/HER PERSONAL CREDIT PROFILE FROM A NATIONAL CREDIT BUREAU AND AUTHORIZES ALL REQUESTED BANK AND TRADE INFORMATION TO BE RELEASE VIA TELEPHONE, FAX OR EMAIL. THE UNDERSIGNED HERBY WAIVES AND PRIVACY OR CREDIT INFORMATION RIGHTS OR REGULATIONS.