

FINANCIAL SERVICES CREDIT APPLICATION
(Short Form)
Fax.: 260-343-9655

Name of Business _____ Type (Circle One): Sole P / Partnership / Corp
Business Phone # _____ Fax # _____ Email Address _____
Address _____ City _____ State _____ Zip _____
County _____ Years in Business _____ Federal ID # _____ Dun&Brad # _____

Owner Name / Authorized Signer (Please Print) _____
Social Security _____

Home Owner or Renter (Circle One) _____ Number of Years at Current Address _____
Home Address _____
Home Phone # _____ Cell # _____ Pager # _____
Nearest Relative (Required): _____ Relation _____ Phone # _____

Primary Bank Name _____ Account # _____
Contact Name _____ Phone # _____

Non-Credit Card Business Reference _____ Account # _____
Contact Name _____ Phone # _____

Employer (If Employed Outside of Vending) _____
Position _____ Salary _____ Phone # _____
Spouse's Employer _____
Position _____ Salary _____ Phone # _____

Payment Preference (Check One): Automatic Withdraw Pay By Check/Billing Statement

IMPORTANT - PLEASE READ BEFORE SIGNING

I understand that Wittern Financial Services is relying on this information in extending credit and I warrant it to be true. I hereby authorize Wittern Financial Services or any bank/and or trade bureau or other investigative agencies employed by Wittern Financial Services to investigate the references herein listed or other data obtained from me or any other person pertaining to my credit and financial responsibility. The undersigned authorizes all parties contacted to release credit information requested, or its successors or assigns.

(signature)

(position of signer)

(date)