

Required items are in bold italics. Personal information is required if in business 5 years or less, or if 20 employees or less.

**Customer and Billing Information**

**Company Legal Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Tradestyle:** \_\_\_\_\_ **D&B #:** \_\_\_\_\_ **Federal Tax I.D.:** \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Equipment Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Years in Business:** \_\_\_\_\_ **# of Employees:** \_\_\_\_\_ Business Description: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Type of Business:  S-Corp  Non-Profit  Sole Proprietor  Partnership  Corporation  LLC

Parent Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Personal Information of Proprietor, Partners or Major Shareholders**

**Principal Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Phone #: \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Bank/Lease References**

**Bank Name:** \_\_\_\_\_ **Checking Acct #:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ Contact: \_\_\_\_\_ Loan Acct. #: \_\_\_\_\_

Leasing Company: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Authorization for Disclosure of Business Credit Information**

The below authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original.

**Authorization for Disclosure of Business Credit Information**  
Applicant hereby authorizes the release of credit information to Apple Financial Services, or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and applicant's bank. I hereby represent that all of the information contained in this credit application is true, correct and complete.

**Authorization for Disclosure of Personal Credit Information**  
By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Apple Financial Services, or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau.

\_\_\_\_\_  
*Signature (Authorized Representative of Credit Applicant)*

\_\_\_\_\_  
*Signature (of an individual)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please Print Name)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please Print Name)*

The Federal **Equal Credit Opportunity Act** prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580. If your application for business credit is denied or conditionally approved, you have the right to a written statement of the specific reasons for the denial or the conditional approval. To obtain the statement, please contact CREDIT OPERATIONS, Apple Financial Services, 5480 Corporate Drive, Ste. 320, Troy, MI 48098 or call (800-216-4384) within 60 days from the date you are notified of our decision.

**MUST BE COMPLETED BY THE RESELLER**

Vendor Name: \_\_\_\_\_

Vendor #: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

**EQUIPMENT TO BE LEASED**

Lease Term: \_\_\_\_\_

Rate Factor: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

Purchase Option:  FMV  \$1 Out  10%

Description:  New  Used \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Equipment Amt: \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

For additional follow-up information please contact:

Vendor  Customer  Either, as needed

**ADDITIONAL COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fill out this form and fax it to:



**Mac Business Solutions**

Phone: (301) 590-2555 • Fax: (301) 590-8142

9057 Gaither Rd., Gaithersburg, MD 20877