



# Credit Application

Attn: Larry Moller

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BUSINESS

BUSINESS NAME			TELEPHONE		
STREET ADDRESS			FACSIMILE		
CITY/STATE/ZIP		COUNTY		MOBILE	
TYPE OF BUSINESS		BUSINESS START DATE	YRS UNDER CURRENT OWNERSHIP	FEDERAL TAX ID NO.	
LOCATION OF EQUIPMENT (STREET/CITY/STATE/ZIP/COUNTY)			HAS COMPANY/OWNER(S) EVER DECLARED BANKRUPTCY? JUDGEMENTS OR TAX LIENS?		
CONTACT NAME	EMAIL ADDRESS		ANNUAL SALES	EXEMPT FROM STATE SALES/USE TAX?	

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, authorizes you as or on behalf of creditor and/or lessor and/or their affiliate(s), successor(s), assignee(s) or designee(s) to obtain consumer credit reports relating to his/her individual credit history and/or creditworthiness. Such authorization shall extend to obtaining credit report(s) in considering this application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for periodic review. A photostatic, facsimile, or other electronically transmitted copy of this authorization shall be as valid as the original. By original or electronic signature below, I/we affirm my/our identity and authorization as the respective individual(s) identified in this application.

OWNERSHIP

<input type="radio"/> PROPRIETORSHIP	<input type="radio"/> PARTNERSHIP	<input type="radio"/> C-CORP	<input type="radio"/> S-CORP	<input type="radio"/> LLC	STATE OF INCORPORATION	
PRINCIPAL NAME		TITLE	SOCIAL SECURITY NUMBER		MOBILE PHONE	% OF OWNERSHIP
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	OWN RENT	HOW LONG?
SIGNATURE:						
PRINCIPAL NAME		TITLE	SOCIAL SECURITY NUMBER		MOBILE PHONE	% OF OWNERSHIP
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	OWN RENT	HOW LONG?
SIGNATURE:						
PRINCIPAL NAME		TITLE	SOCIAL SECURITY NUMBER		MOBILE PHONE	% OF OWNERSHIP
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	OWN RENT	HOW LONG?
SIGNATURE:						
PRINCIPAL NAME		TITLE	SOCIAL SECURITY NUMBER		MOBILE PHONE	% OF OWNERSHIP
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	OWN RENT	HOW LONG?
SIGNATURE:						

**Please include copy of first page of company's most recent 3 months' bank statements**

BANK INFO.  
LOANS/LEASES

BANK	BRANCH/CITY	CONTACT	PHONE	
ACCOUNT UNDER THE NAME OF	ACCOUNT NUMBER			CHECKING SAVINGS
LENDER/LEASING COMPANY	ORIGINAL LOAN/LEASE AMOUNT			PHONE
START DATE (MONTH/YEAR)	TERM/MONTHLY PAYMENT		ACCOUNT NUMBER	
LENDER/LEASING COMPANY	ORIGINAL LOAN/LEASE AMOUNT			PHONE
START DATE (MONTH/YEAR)	TERM/MONTHLY PAYMENT		ACCOUNT NUMBER	

TRANSACTION

EQUIPMENT COST BEFORE SALES TAX	TERM	PAYMENT		LOAN OR LEASE PURCHASE OPTION
SUPPLIER OF EQUIPMENT	CONTACT	PHONE		NEW USED IF USED, YEAR OF MANUF.
EQUIPMENT DESCRIPTION (MANUFACTURER, MODEL NO., SERIAL NO., ATTACH MACHINE QUOTE IF AVAILABLE)				

### CREDIT RELEASE AUTHORIZATION

I hereby certify that the information contained in this Credit Application is true, complete and accurate and I hereby authorize: a) you to obtain credit information about the Applicant and its principals and/or its co-owners; b) you to make inquiries in connection with this Application; and c) our banks, trade references, and financial institutions the right to release credit information about Applicant and its principals and/or co-owners. A copy of this authorization shall be as valid as the original. The person signing below on behalf of Applicant is authorized to complete and submit this Application on its behalf and to agree to the foregoing, and also has authority to act for Applicant's principals and co-owners in instructing you to obtain their personal credit reports. Applicant's authorization herein shall extend to your successor(s), assign(s) and/or designee(s).

SIGNATURE \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Creditor/Lessor set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days after receiving your request for the statement.

**Notice:** To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify and record information that identifies each person (individuals or businesses) who opens an account. What this means for you: When you open an account or add any additional service, we will ask you for your name, address and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents.