

CREDIT APPLICATION: FAX TO 1-515-271-8402



eVending.com™

Amount of Credit Requested (check one): ___ \$0 - \$5000 ___ \$5,000 - \$25,000 ___ \$25,000+

Customer Information

Legal Business or Customer Name: _____ D/B/A Name (if any) _____

Type of Business (Check one) Sold P _____ Partnership _____ Corp _____

Years in Business: _____ yrs.

Business/Customer Address: _____ City: _____ State: _____ Zip code: _____

Business/Customer Phone: _____ Cell/Alternate Phone: _____ Fax #: _____

E-mail Address: _____

Owner/Authorized Signer 1 Name (Print): _____ Social Security No: _____

Owner/Authorized Signer 2 Name (Print): _____ Social Security No: _____

Credit Information

Check One: ___ Home Owner ___ Renter _____ Number or Years at address: _____

Home Address: _____ City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

Nearest Relative not Living with Customer: _____ Relationship: _____ Phone # _____

Employed Outside Vending Business: ___ Yes ___ No

Employment Information (If employed outside business or in business less than one year)

Name of Employer of Signer 1: _____ Salary _____ Position _____ Phone # _____ Yrs Employed _____

Name of Employer of Signer 2: _____ Salary _____ Position _____ Phone # _____ Yrs Employed _____

Trade References

Name: _____ Phone #: _____ Account # _____

Name: _____ Phone #: _____ Account # _____

Name: _____ Phone #: _____ Account # _____

I understand that Wittern Financial Services is relying on this information in extending credit and I warrant it to be true. I hereby authorize WFS or any bank/and or trade bureau or other investigative agencies employed by WFS 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: _____

Date: _____