



Financing forward.

101 W. Washington Street, Suite 1140 East, Indianapolis, IN 46204
Phone: 317.781.4682 | Toll Free: 866.781.4682 | Fax: 317.781.5698

www.connexfinancial.com

fax to: 317-781-5698 | phone: 317-781-4682 | email: application@connexfinancial.com

CREDIT APPLICATION

LESSEE (Please be sure to list exact legal name of entity)

Company Contact Title
Address City County State Zip
Phone Fax Email Address Number of Employees
Type of Business (Proprietorship, Partnership, Corp., S Corp., LLC) State of Incorporation Federal Tax ID Number
Years in Business Under Current Ownership Since Annual Sales Tax Exempt (Y/N)

EQUIPMENT DESCRIPTION (Attach separate list if necessary)

Manufacturer Description (Model # and Type) New/Used (if used, year?)
Equipment Cost Down Payment Lease Term Purchase Option
Vendor Contact Phone Delivery Date

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR OWNERS (Attach separate list if necessary)

Name % Ownership Title DOB: Social Security Number
Home Address City State Zip
Name % Ownership Title DOB: Social Security Number
Home Address City State Zip

COMPANY BANK REFERENCES (Attach separate list if necessary)

Name of Bank/Branch Checking Account# Years Contact Phone Fax
Name of Bank/Branch Savings Account # Years Contact Phone Fax

BORROWING HISTORY (Attach separate list if necessary)

Name of Finance Co. Account# Years Contact Phone Fax
Name of Finance Co. Account# Years Contact Phone Fax

WORK REFERENCES - LIST AT LEAST 2 MAJOR CUSTOMERS (Attach separate list if necessary)

Name City/State % of Work Contact Phone
Name City/State % of Work Contact Phone

RELEASE: The undersigned hereby certifies that the information provided in this credit application is accurate and complete, as well as authorizes the release or sharing of any credit or financial information to and between Connex Financial, its agents and assigns, and/or any credit bureau or other investigative agency to investigate the references, statements and/or any other information accompanying this application, including but not limited to consumer credit reports on the undersigned.

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_
By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

EQUAL CREDIT OPPORTUNITY ACT NOTICE: 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 Credit Disclosure Administrator, at the above address within 60 days from the date you are notified of our decision.