

**FLUSHING AUTOMOTIVE FINANCIAL SERVICES**

135 Haven Avenue, Port Washington, NY 11050

Tel : 516-767-2700 • Fax: 516-767-2703

CORPORATE CREDIT APPLICATION

- Please fill out the attached application and e-mail or fax back to our office along with your last three (3) months business banking statements (first page only).
- For transactions that will exceed \$150,000.00 please include your last two years of corporate tax returns and/or financials.
- Any comparative borrowing experience (i.e., accounts with other lenders you have positive experiences) would be very helpful.
- An account number along with a phone number and contact name should be forwarded.
- If there is any questions please feel free to contact our office.

The Choice is Yours.... The Pleasure is Ours!

Date:

Full Company Name:

Address:

City:

State:

Zip:

Year Organized:

County:

State:

Contact Person:

State Form of Organization: Corporation Partnership Proprietorship

Your Name:

Title:

Federal Tax I.D. Number:

**If In Business Less Than 2 Years**

Previous Employer:

Address:

City:

State:

Zip:

Business Phone:

Yearly Salary: \$

Position:

How Long:

**Personal Guarantor**

Name:

Income: \$

Address:

City:

State:

Zip:

Social Security Number:

Date of Birth:

Home Phone:

Residence: Own Rent Other Monthly Payment: \$

U.S. Citizen: Yes No

Mortgage With: How Long:

Employer: Address:

Business Phone: Income: \$ Position: How Long:

Additional Income Per Year: \$ Source:

**Spouse or Additional Guarantor**

Name: Income: \$

Address:

City: State: Zip:

Social Security Number: Date of Birth: Home Phone:

Residence: Own Rent Other Monthly Payment: \$

U.S. Citizen: Yes No

Mortgage With: How Long:

Employer: Address:

Business Phone: Income: \$ Position: How Long:

Additional Income Per Year: \$ Source:

**Primary Bank**

Business: Branch:

Type of Account: Savings Personal Business Money Market Other

Contact: Phone: Account Number:

**Credit References**

Creditor: Type Account: Hi Credit: Phone: Contact:

Creditor: Type Account: Hi Credit: Phone: Contact:

**Vehicle Information**

Lease Own

Year: Make: Model: MSRP: Invoice: Mileage:

Selling Price: \$ D/P: \$ Amount Financed: \$ Balloon: \$ Mos.:

**Comments**

**FAIR CREDIT REPORTING ACT AUTHORIZATION**

For the purpose of securing credit from you, I certify that the above information is true and complete to the best of my knowledge. Applicant authorizes *FLUSHING AUTOMOTIVE FINANCIAL SERVICES* and/or its assignees to check my credit and employment history and to provide and/or obtain information about credit experience with me.

Initial: