



CREDIT APPLICATION INSTRUCTIONS

REQUIRED INFORMATION FOR EXISTING BUSINESS: (2 OR MORE YEARS IN BUSINESS)

REQUIRED INFORMATION FOR TRANSACTIONS UP TO \$50,000

1. Completed Application – page one only
2. Financing Details (amount requested, term, purchase option, equipment quote)

REQUIRED INFORMATION FOR TRANSACTIONS OVER \$50,000

1. Completed Application and Personal Financial Information – pages one and two
2. Financing Details (amount requested, term, purchase option, equipment quote)
3. Most recent **Two (2) Years** of Tax Returns or Financial Statements for the Existing Business
 - a. **Three (3) Years** of Tax Returns or Financial Statements for transactions over **\$100,000**
4. Interim Business Financial Statements (only needed if annual statements are older than 4 months)
5. Guarantor(s) Most Recent Personal Tax Return(s)

REQUIRED INFORMATION FOR START-UPS: (LESS THAN 2 YEARS IN BUSINESS)

REQUIRED INFORMATION FOR TRANSACTIONS UNDER \$15,000

1. Completed Application and Personal Financial Information – pages one and two
2. Financing Details (amount requested, term, purchase option, equipment quote)

REQUIRED INFORMATION FOR TRANSACTIONS OVER \$15,000

1. Completed Application and Personal Financial Information – pages one and two
2. Financing Details (amount requested, term, purchase option, equipment quote)
3. Business Plan with Financial Projections for at least 24 Months, including Resume and Background Information on Principal(s)
4. Guarantor(s) Personal Tax Return(s) from the Last **Two (2) Years**



WIRTH REPRESENTATIVE: _____

COMPANY INFORMATION			
Full Legal Name:		DBA Name:	
Billing Address:		City/State/Zip:	County:
Equipment Location Address:		City/State/Zip:	County:
Contact Name:		Business Start Date:	Present Ownership Since:
Phone:		Fax:	Annual Sales:
E-mail Address:		Web Address:	
State of Incorporation:	Federal Tax ID#:	Nature of Business:	
Business Type: <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non Profit			

OWNERS, PARTNERS OR GUARANTORS (If more than 2, attach separate sheet.)		
1. Name:	Title:	Social Security #:
Address:	Home Phone:	Cell Phone:
City/State/Zip:	Percent Ownership:	Birth Date:
2. Name:	Title:	Social Security #:
Address:	Home Phone:	Cell Phone:
City/State/Zip:	Percent Ownership:	Birth Date:

BANK INFORMATION	
Name of Bank:	Deposit/Check Acct #:
Bank Contact:	Phone Number:

FINANCING DETAILS			
Equipment Description:		Amount Requested:	
Vendor/Supplier(s):		Contact Person:	
Address:		City/State/Zip:	
Phone:	Fax:	E-mail Address:	
Date Needed:	Estimated Delivery Date:	<input type="checkbox"/> New Equipment <input type="checkbox"/> Used Equipment	Budgeted Payment Amount: \$
End of Lease Options: <input type="checkbox"/> \$1 Purchase Option <input type="checkbox"/> Other		Term Requested: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	

Credit Authorization: I/We hereby authorize Wirth Business Credit, Inc., its assignee, assigns or potential assigns to review my personal credit and business profile provided by national credit bureaus in considering this application and for the purpose of updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize the above listed parties to release all credit information and bank information and I/We represent and warrant that all information submitted to Wirth Business Credit, Inc., including without limitation information on this application, any attachments, any supplemental, or other information herein is true, complete and accurate. I agree to immediately notify Wirth Business Credit, Inc. if any of such information changes materially in the 60 days after the date of this application. A facsimile, electronic or other copy of this authorization shall be as valid as the original.

Signature(s) of all owners, officers and/or guarantors:	
1.	Date:
2.	Date:



PERSONAL FINANCIAL INFORMATION

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the lease.

Name: _____

ASSETS	LIABILITIES
Cash on Hand and in Banks\$ _____	Mortgages on Real Estate (describe below).....\$ _____
Savings Accounts.....\$ _____	Accounts Payable.....\$ _____
IRA or Other Retirement Account(401k).....\$ _____	Notes Payable to Banks and Others (describe below).....\$ _____
Accounts and Notes Receivable.....\$ _____	Installment Account (Auto)
Life Insurance-Cash Surrender Value Only.....\$ _____	Monthly Payments \$ _____.....\$ _____
Stocks and Bonds (describe below).....\$ _____	Installment Account (Other)
Real Estate (describe below).....\$ _____	Monthly Payments \$ _____.....\$ _____
Automobile – Present Value.....\$ _____	Loan on Life Insurance.....\$ _____
Other Personal Property.....\$ _____	Unpaid Taxes.....\$ _____
Other Assets.....\$ _____	Total Liabilities\$ _____
Total Assets\$ _____	Net Worth\$ _____
	Total Liabilities and Net Worth\$ _____

SOURCE OF INCOME	CONTINGENT LIABILITIES
Salary.....\$ _____	As Endorser or Co-Maker.....\$ _____
Net Investment Income.....\$ _____	Legal Claims & Judgments.....\$ _____
Real Estate Income.....\$ _____	Provision for Federal Income Tax.....\$ _____
Other Income (Describe Below).....\$ _____	Other Special Debt.....\$ _____
Description of Other Income: _____	

SECTION A: ASSETS - DETAILS

Securities: Stocks / Bonds/Mutual Funds – Name of Security	No. of Shares	Cost	Market Value	Date of Acquisition
		\$	\$	
		\$	\$	
		\$	\$	
Stock in Privately Held Companies – Company Name	No. of Shares	\$'s Invested	Est. Market Value	Date of Acquisition
		\$	\$	
		\$	\$	
		\$	\$	
Real Estate – Description and Location	Market Value	Amount Owed	Original Cost	Purchase Date
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

SECTION B: LIABILITIES - DETAILS

Mortgage / Real Estate Loans Payable	Amount Owed	Monthly Payment
	\$	\$
	\$	\$
	\$	\$
Notes Payable and Credit Card Debt – Name of Creditor/ Card	Amount Due	Monthly Payment
	\$	\$
	\$	\$
	\$	\$

SIGNATURE: _____

DATE: _____