

New Horizon Business Services

1350 E. Flamingo Rd # 3329 Las Vegas NV 89119

Phone: 888-308-7160

Fax : 888-226-0081

Attn: Liz

CREDIT APPLICATION

Business Name			DBA		
Address			City	State	Zip
Federal ID Number	Yrs. In Business	Yrs. Current Owner	# of Employees	Phone	Fax
<input type="checkbox"/> Corporation <input type="checkbox"/> Public Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Municipal					

PRINCIPAL(S)

	PRINCIPAL #1	PRINCIPAL #2	PRINCIPAL #3
Name			
Address			
City			
State/Zip			
Phone			
Rent or Own			
How Long There			
Driver Lic. #			
SS#			
% of Ownership			
Title			

BANK REFERENCES

BANK NAME	YRS W/BANK	CONTACT	ACCOUNT NUMBER	PHONE	FAX
#1					
#2					

TRADE REFERENCES

TRADE NAME	CONTACT	ACCOUNT NUMBER	PHONE	FAX
#1				
#2				
#3				

COMPARABLE LEASE OR LOAN REFERENCES

BANK OR LEASE COMPANY	CONTACT	ACCOUNT NUMBER	PHONE	FAX
#1				
#2				

VENDOR

Vendor Name		Phone	Fax
Address		City	State Zip
<input type="checkbox"/> New Equipment	Equipment Description		
<input type="checkbox"/> Used Equipment			
Equipment Cost	Total	Term	

EQUIPMENT TO BE LOCATED AT

LOCATION			
Address		City	State Zip

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION, GIVEN FOR CREDIT PURPOSES, IS TRUE AND AUTHORIZES THE FIRM OR PERSON TO WHOM THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY TO INVESTIGATE THE REFERENCES, STATEMENTS OR OTHER DATA LISTED OR ACCOMPANYING THIS APPLICATION. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION.

X _____
Applicant Signature

Title

Date

X _____
Applicant Signature

Title

Date