

IAMFS CREDIT APPLICATION
PHONE: (866)300-4371 * FAX (812)284-4382
1402 Suite 4 Blackiston Mill Rd. 47129

LESSEE (Legal Name) _____ DATE _____

ADDRESS _____

PHONE _____ FAX _____ FEDERAL TAX ID # _____

BUSINESS TYPE (Circle one) S-CORP, C-CORP, LLC, LLP, PROP, PARTNERSHIP YR'S IN BUSINESS _____

BANK REFERENCE

BANK _____ PH _____ CONTACT _____

CHECKING ACCOUNT # _____ DO YOU HAVE A LOAN HISTORY HERE? _____

SECURED REFERENCES

(A lease is a good reference)

COMPANY _____ PH _____ ACCT# _____

COMPANY _____ PH _____ ACCT# _____

TRADE REFERENCES

COMPANY _____ PH _____ CONTACT _____

COMPANY _____ PH _____ CONTACT _____

OWNER INFORMATION

LEGAL NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ Phone _____

LEGAL NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ Phone _____

LEASED EQUIPMENT INFORMATION (DISREGARD FOR LINE OF CREDIT REQUESTS)

EQUIPMENT DESCRIPTION _____ COST _____

VENDOR _____ CONTACT _____

VENDOR PHONE _____ DESIRED TERM 24 36 48 60 Months

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to IAM or its designee (and any assignee or potential assignee thereof) authorizing review of his /her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

This is also authorization to release Bank and company credit reference information to IAM Technologies Inc. or its assignee(s).

SIGNED _____ TITLE _____

SIGNED _____ TITLE _____