

Credit Application

Applicant information:

Legal business name _____
 Trade name _____
 Business mailing address _____
 Business telephone # _____ Fax # _____ Business website address _____
 Primary contact name _____ Primary contact cell # _____ Primary contact e-mail _____
 Business type Proprietorship Limited partnership Corporation LLC General partnership Other State of organization _____
 Fed ID # ____ - ____ - ____
 Nature of Business _____ Date of organization _____
 How did you hear about Firestone? _____ Annual revenues _____

Business owner(s) / member(s) / partner(s) / shareholder(s):

Name & title _____	SSN _____	Ownership % _____
Home address _____		
Home telephone # _____ Cell # _____	Fitness yrs experience _____	Fitness yrs ownership _____ e-mail _____
AGI last calendar yr _____	Net worth _____	as of: ____ / ____ / ____
Name & title _____		
SSN _____		
Ownership % _____		
Home address _____		
Home telephone # _____ Cell # _____	Fitness yrs experience _____	Fitness yrs ownership _____ e-mail _____
AGI last calendar yr _____	Net worth _____	as of: ____ / ____ / ____
Name & title _____		
SSN _____		
Ownership % _____		
Home address _____		
Home telephone # _____ Cell # _____	Fitness yrs experience _____	Fitness yrs ownership _____ e-mail _____
AGI last calendar yr _____	Net worth _____	as of: ____ / ____ / ____
Name & title _____		
SSN _____		
Ownership % _____		
Home address _____		
Home telephone # _____ Cell # _____	Fitness yrs experience _____	Fitness yrs ownership _____ e-mail _____
AGI last calendar yr _____	Net worth _____	as of: ____ / ____ / ____

Financing request information: *Please attach sales quotations*

Equipment description _____

Equipment cost _____ Down payment _____ Financing requested _____ Requested repayment term ____ mos.

References:

	Institution name:	Account/ Cust #:	Yrs experience:	Account balance:	Terms:	Rating:	Contact name:	Telephone #:
Loan/Lease-1								() -
Loan/Lease-2								() -
Loan/Lease-3								() -
Bank DDA								() -

Acknowledgement and Authorization:

I submit that the information herein is true and complete, and I agree to furnish financial statements from time to time as you may request and promptly notify you of changes in my financial circumstances. Authorization is given by signature(s) below for Firestone Financial Corp. to inquire about credit experience of above bank, loan, and trade references and to make inquiries of credit reporting agencies and authority is granted for stated references and credit reporting agencies to furnish this information. Further, I authorize Firestone Financial to contact me via auto-phone/text messaging in order to communicate important information.

NOTICE: The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), familial status, sexual orientation, ancestry, handicap or whether or not all or part of the person's income derives from any public assistance program or whether the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is Federal Deposit Insurance Corporation, 15 Braitree Hill Office Part, Braitree, MA 02184. The state agency that administers compliance with the state law is Massachusetts Commission Against Discrimination, One Ashburton Place, Boston, MA 02108.

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 Firestone Financial Corp. within 60 days from the day you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Signature X _____	Printed name _____	Date ____ / ____ / ____
Signature X _____	Printed name _____	Date ____ / ____ / ____
Signature X _____	Printed name _____	Date ____ / ____ / ____
Signature X _____	Printed name _____	Date ____ / ____ / ____



Tel. 800.851.1001 | Fax 617.332.8032 | www.firestonefinancial.com

27 Christina Street, P.O. Box 610325, Newton, MA 02461-0325

Contact **CAROLYN COLLINS** – Sales Executive
 Extension 285. Direct 617.641.9285. Cell 339-225-5474. Fax 617.658.9585