



Credit Application

Fill out the information below, and fax it to (708) 457-2066

BUSINESS INFORMATION			
Company Name:		Business Phone:	Business Fax:
Physical Address:		City:	State: Zip Code:
Years Under Same Ownership:			
Type of Business (Check One): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Municipality <input type="checkbox"/> Nonprofit <input type="checkbox"/> LLC			
Federal I.D. No.:		Date of Incorporation/Organization:	

PERSONAL INFORMATION <i>Include all owners to account for 100% of company ownership</i>			
Owner 1 Primary Contact Name:	Title:	Ownership %	SSN:
Home Phone:	Business Phone:	Alternate Phone:	E-mail Address:
Home Address		City:	State: Zip Code:
Owner 2 Name:	Title:	Ownership %	SSN:
Home Address		City:	State: Zip Code:
Owner 3 Name:	Title:	Ownership %	SSN:
Home Address		City:	State: Zip Code:
Has any Owner/Officer filed Bankruptcy in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EQUIPMENT INFORMATION <i>Please attach the equipment quote if available</i>				
Qty.	Year	Make	Model	Purchase Price
Equipment Seller Company Name:		City:	State:	Phone:

The undersigned authorizes all parties contacted to release credit & financial information requested by GRU Financial Group or their assigns.

Signature

Title

Date