

Credit Application

Stella Glentz
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Vendor	Vendor Name.....Phone Number
	Sales Rep.....Email.....

Transaction	Term: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other..... Rate..... Payment.....	Total Amount Finance \$: Down Payment \$:
	Product Type: <input type="checkbox"/> R/E <input type="checkbox"/> Invoice Factoring <input type="checkbox"/> Working Capital <input type="checkbox"/> Loan <input type="checkbox"/> Other	
	Description of Equipment: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Adding Replacing # of units own:	

TRANSPORTATION ONLY:
 YRS. OF DRIVING EXPERIENCE. YRS. OF OWNER OPERATOR EXPERIENCE # OF TRUCKS # OF TRAILERS.....

Company	Company Legal Name.....Phone Number..... <small>As registered with Secretary of State, if applicable</small>
	Tradestyle/DBA.....Federal Tax ID.....
	Company Email:
	Equipment Address.....City.....State.....Zip..... <small>If different than business address - No PO/APO</small>
	OWNERSHIP %.....TITLE:..... HOME OWNER HOW LONG:..... Rental House
	Type of Business: <input type="checkbox"/> S-Corp <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation LLC LLP <small>If sole proprietorship or partnership, please complete Personal Guarantor & Signature sections</small>

Time in Business.....State of Formation:Tax Exempt Y N
If less than 2 years, please complete Personal Guarantor & Signature sections

BS. Partners/Guarantor	1)
	Name.....Date of Birth.....Soc. Sec.#
	Phone #.....Email Address:
	% of Ownership:.....Title:
	Home Address.....City.....State.....Zip.....
	2)
Name.....Date of Birth.....Soc. Sec.	
Phone#Email:	
% of Ownership:Title:	
Home Address.....City.....State.....Zip.....	

The following authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original.

Personal and Business Credit Information: Authorization for Disclosure By signing below, each undersigned individual(s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Stella Glentz aka: Kapital Venture LLC or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit application and subsequently for the purpose of update, renewal, or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile of this authorization shall be valid as the original. NOTICE: The Federal Equal Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to enter into a binding contract); or because all or a part of the applicant's income derives from any public assistance program or because 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 the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

Authorized Representative of Credit Applicant

Signature **X**

Name Date

Signature **X**

Name.....Date.....

Please Print Name

Please Print Name