

Credit Application

(Financial Statements are required on all transactions over \$35,000)

Business Name: _____ Date: _____
Business Address: _____
City: _____ County: _____ State: _____ Zip: _____
Person to Contact: _____ Phone: (_____) _____
Business Ownership: Corporation Partnership Proprietorship Fed. Tax I.D.#: _____
Type of Business: _____ Years in Business: _____

OWNERS/STOCKHOLDERS

This information may be used to check the personal credit of owners or stockholders.

Name: _____ Title: _____ Social Security #: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____ Title: _____ Social Security #: _____
Address: _____ City: _____ State: _____ Zip: _____

BANKING

Bank Name: _____ City/State: _____
Phone: (_____) _____ Checking Account #: _____ Date Opened: _____

INSTALLMENT LOANS OR LEASES

Lender: _____ Account #: _____ Phone: (_____) _____
Lender: _____ Account #: _____ Phone: (_____) _____

MAJOR TRADE REFERENCES

Supplier's Name: _____ Account #: _____ Phone: (_____) _____ Since 19 _____
Supplier's Name: _____ Account #: _____ Phone: (_____) _____ Since 19 _____

I certify that the above information is correct and I authorize the creditors listed above to provide credit information to All-Lines Leasing.
I understand that All-Lines Leasing may use the provided information to check the personal credit of owners or stockholders.

By: _____ Title: _____
Applicant's Signature

Mall to:

Rushing Enterprises, Inc.
16024 US Hwy 431
P. O. Box 220
Headland, AL 36345

or Fax to: (334) 693-5416

Business: (334) 693-3318