

New Horizon Business Services Inc.  
 500 N. Rainbow Blvd #300 Las Vegas NV 89107  
 Questions? Call us at 1-888-308-7160

Please Fax Back To: 1-702-562-8559 Attn: Liz

**CREDIT APPLICATION**

Business Name			DBA		
Address			City	State	Zip
Federal ID Number	Yrs. In Business	Yrs. Current Owner	# of Employees	Phone	Fax
<input type="checkbox"/> Corporation <input type="checkbox"/> Public Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Municipal					

**PRINCIPAL(S)**

	PRINCIPAL #1	PRINCIPAL #2	PRINCIPAL #3
Name			
Address			
City			
State/Zip			
Phone			
Rent or Own			
How Long There			
Driver Lic. #			
SS#			
% of Ownership			
Title			

**BANK REFERENCES**

BANK NAME	YRS w/BANK	CONTACT	ACCOUNT NUMBER	PHONE	FAX
#1					
#2					

**TRADE REFERENCES**

TRADE NAME	CONTACT	ACCOUNT NUMBER	PHONE	FAX
#1				
#2				
#3				

**COMPARABLE LEASE OR LOAN REFERENCES**

BANK OR LEASE COMPANY	CONTACT	ACCOUNT NUMBER	PHONE	FAX
#1				
#2				

**VENDOR**

Vendor Name		Phone	Fax
Address		City	State Zip
<input type="checkbox"/> New Equipment	Equipment		
<input type="checkbox"/> Used Equipment	Description		
Equipment Cost	Total	Term	

**EQUIPMENT TO BE LOCATED AT**

LOCATION			
Address		City	State Zip

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION, GIVEN FOR CREDIT PURPOSES, IS TRUE AND AUTHORIZES THE FIRM OR PERSON TO WHOM THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY TO INVESTIGATE THE REFERENCES, STATEMENTS OR OTHER DATA LISTED OR ACCOMPANYING THIS APPLICATION. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION.

**X** \_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

**X** \_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date