



PHONE: 215-362-8823 or 800-699-6656 P.O. Box 298 Lansdale, PA 19446 Fax: 215-362-8862

CREDIT APPLICATION

www.phoenixleasingsystems.com

jim@phoenixleasingsystems.com

Full Legal Name of Company:					
Address:					
Person to Contact:			Telephone:		Fax:
Structure of Business:	Corp ID #:	State of Inc.:	Partnership:	Proprietorship:	LLC:
Nature of Business:		Date Started:	# of owners:	#of Employees:	
E-Mail:			Web Site:		

PRINCIPAL INFORMATION (All Owners)

Name:	Name:
Address:	Address:
Home Phone # :	Date of Birth:
SS#:	%of ownership:
Signature & Title:	Signature & Title:

Note: Additional Owners use separate Credit Application(s)

By signing above, the individual as principal of and/or guarantor for the applicant, authorizes Phoenix Leasing Systems, its designee, assigns or Potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

BANK CREDIT REFERENCES

Bank Name:	Bank Name:
Account #:	Account #:
Name of Contact:	Name of Contact:
Telephone:	Fax:

TRADE CREDIT REFERENCES

Supplier:	Supplier:
Account # :	Name of Contact:
Telephone:	Fax:

EQUIPMENT INFORMATION

Description:			
Delivery Location:			
Cost Do NOT Include Tax:	Term Requested:	Purchase Option:	Tax Exempt:
Vendor Name:	Contact:	Telephone:	
Vendor Address:			

I HEREBY AUTHORIZE MY BANK AND TRADE REFERENCES TO RELEASE ALL INFORMATION REQUESTED BY PHOENIX LEASING SYSTEMS OR ITS ASSIGNEES. THIS INFORMATION CAN BE RELEASED BY PHONE/FAX OR MAIL WITHOUT ANY FURTHER AUTHORIZATION FROM ME AND WITHOUT DELAY.

SIGNATURE: **X**

DATE: **X**