

Limousine Network Sales

714-381-2412

Credit Application

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Legal Business Name:			
Address:	City:	State:	ZIP:
Phone:	Fax:	Contact:	
Yrs in Business:Yrs. in Industry: BORROWER is a (circle one) Corporation Sole Proprietorship Partnership LLC			
Start-up: Yes Federal Tax	I. D. #	State of Entity:	
Current Fleet Size - No. of Vehicles	:		
Equipment Description #			
Year:Make:	Model :	Serial Number:	
Description:		Mil	eage
Sales Price:\$	DownPayment:\$	Amount to Finance:\$	
Term Requested: 24 36 48 60 mo	nths Lease or Finance	Replacement or Expansion	New or Used (circle one)
Principal Information B			
Applicants Name:		Social Secu	rity#
Home Address:	City	/:	State:Zip:
Home Phone #:	Work Phone#:	Cell Phone#:	
Residence: Own or Rent Mortg	gage/Rent \$ Mo	ortgage Holder	
How Long at Current Address: Have you ever declared bankruptcy	Current Employer: r? If yes, when?	How Long? Have yoυ	Annual Income:\$ u ever had a repossession?
Date of Birth:	Place of Birth: learest Relatives/Friends not in		
1)	Phone #:	Relationship_	
2)	Phone #:	Relationship_	
Co-Applicant Name:			
Home Address:	City:	State	:Zip:
Home Phone #:	Work Phone#:	Cell Phone#:	
Residence: Own or Rent Mortga	ge/Rent \$ Mort	gage Holder	
How Long at Current Address:	Current Employer:	How Long?	Annual Income:\$
Have you ever declared bankruptcy Name and Address of Applicant's N	learest Relatives/Friends not in	Household:	
1)			
2)	Phone #:	Relationship_	
In connection with the above referenced Fir undersigned hereby certifies that the above deems necessary to verify the accuracy of limitation, obtaining personal and/or busine. Sales. "(and/or its assigns)" will obtain a perequested as part of said investigation.	e information is true and correct and au information provided by the undersigne as credit reports regarding the undersign	thorizes LNS. "(and/or its assigns)" are ad and/or to determine the undersigne gned. Each of the undersigned hereby	nd each of its affiliates to make all inquiries d's creditworthiness including, without / acknowledges that Limousine Network
Applicant Signature:	Print Nam	ne:	Date:
Co-Applicant Signature:	Print Nam	ne:	Date: