



American Financial Network, Inc.
CREDIT APPLICATION

Phone 216-921-2000
Fax 216-921-2009

BUSINESS INFORMATION

Complete Legal Name					Date Established Under Current Ownership	
DBA or Parent Company Name					Federal Tax ID No.	
Description of Business					Business Type (corp., partnership, LLC...)	
Street Address	City	County	State	Zip	Phone No.	Fax No.
Contact Person	Title		Phone Ext.		Email Address	
Have any of the guarantors ever been indicted or convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> Yes						
Has the company ever declared bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes			Have any of the guarantors ever declared bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Are there any outstanding lawsuits (business or personal)? <input type="checkbox"/> No <input type="checkbox"/> Yes			Are there any outstanding tax liens or unpaid taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Provide explanations to any YES responses.						

OWNERSHIP INFORMATION

Guarantor 1 (President/Owner)	Title		% Ownership	Date of Birth	Social Security Number
Guarantor's Home Address	City	State	Zip	Home Phone	Cell Phone
Guarantor 2 (Additional Owner)	Title		% Ownership	Date of Birth	Social Security Number
Guarantor's Home Address	City	State	Zip	Home Phone	Cell Phone

REFERENCE INFORMATION

Bank Reference : <i>Please make a copy of your most recent 3 months of business bank statements and include those statements along with this application.</i>		
Landlord	Contact	Phone No.
Insurance Agent	Contact	Phone No.

VENDOR & EQUIPMENT INFORMATION

Equipment Vendor	Salesperson	Vendor Phone No.
General Equipment Description	Equipment Condition <input type="checkbox"/> New <input type="checkbox"/> Used	Desired Lease Term
		Approximate Cost \$

AUTHORIZATION SIGNATURE(S)

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 American Financial Network, Inc. or its designee (and any assignee or potential assignee thereof) or any lending source to whom this application is submitted 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 applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. I authorize all deposit, borrowing, and trade information to be released to the Lessor. I represent all information is true, correct and complete. Additionally, this authorization permits American Financial Network, Inc. or its designees (an any assignee or potential assignee thereof) or any lending source to whom this application is submitted to share and exchange information and to request, obtain, and review bank, financial or other information from past, present, or potential creditors. A photostatic or facsimile copy of this authorization shall be as valid as the original.

X _____ **X** _____

APPLICANT'S SIGNATURE (Required) **CO-APPLICANT'S SIGNATURE Required)**

Date : _____ Date : _____