

CREDIT APPLICATION



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VENDOR

To improve response time, may we contact Customer directly? YES NO []

NAME: CITY, STATE:

PHONE: FAX: CONTACT NAME:

CONTACT EMAIL: CONTACT PHONE:

CUSTOMER ("YOU" OR "YOUR")

FULL LEGAL NAME:

ADDRESS:

CONTACT: PHONE: FAX:

EMAIL: BUSINESS NATURE: WEBSITE:

[] CORPORATION [] PARTNERSHIP [] PROPRIETORSHIP NO. OF EMPLOYEES: YEAR INCORPORATED/ESTABLISHED: STATE:

PERSONAL DATA (ON MAJOR STOCKHOLDERS, PARTNERS, OR PROPRIETORS)

Personal information is required for all corporations in business less than two years, having less than ten employees and all partnerships or proprietorships.

NAME TITLE HOME ADDRESS SOCIAL SECURITY NO.

1.

2.

EQUIPMENT

TYPE, MAKE, MODEL NUMBER, AND INCLUDED ACCESSORIES SERIAL NUMBER NEW/USED EQUIPMENT COST

SUBTOTAL:

TAX:

TOTAL COST:

TERM

TERM IN MONTHS: PAYMENT AMOUNT:

AUTHORIZATION

I HEREBY AUTHORIZE GREATAMERICA OR ITS DESIGNEE(S) TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY BUSINESS AND/OR PERSONAL CREDIT AND FINANCIAL RESPONSIBILITY, AND TO OBTAIN INFORMATION FROM ANY CREDIT REPORTING AGENCY WITH RESPECT TO ME AND THE ABOVE NAMED CUSTOMER, IN CONNECTION WITH EXTENDING CREDIT AND/OR REVIEWING/COLLECTING THE ACCOUNT.

(As Stated Above) [Signature] [Print Name & Title] [Date]

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION

IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THE DENIAL. TO OBTAIN THE STATEMENT, PLEASE CONTACT GREATAMERICA FINANCIAL SERVICES CORPORATION, 625 FIRST ST SE, CEDAR RAPIDS, IOWA 52401 (319-365-8000) WITHIN 60 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580.