

# Credit APPLICATION

All Seasons Tent Sales  
5050 Kansas Ave.  
Kansas City, KS 66106  
Tel-(800-475-1444) Fax: (816-767-0844)

Date: \_\_\_\_\_

### Debtor information:

Company Name (exact legal name of entity): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-Mail \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Equipment location if different from above: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Type: Proprietorship: \_\_\_\_\_ Corporation: \_\_\_\_\_ "S" Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_  
Years in Business: \_\_\_\_\_ Nature of Business: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

### Personal Information on Officers, Partners, or Guarantors:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS #: \_\_\_\_\_  
% Of Ownership: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ State of Legal Residence: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS #: \_\_\_\_\_  
% Of Ownership: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ State of Legal Residence: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Company Bank References:

Bank/Branch Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Checking Acct #: \_\_\_\_\_ Loan Acct #: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Trade References

Name of Supplier: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Account# : \_\_\_\_\_  
Mortgagee/Landlord: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Account# : \_\_\_\_\_

### Current Request:

Vendor Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Equipment Cost: \_\_\_\_\_ Description: \_\_\_\_\_ (NEW or USED) \_\_\_\_\_  
Lease Term: 24 mos. \_\_\_\_\_ 36 mos. \_\_\_\_\_ 48 mos. \_\_\_\_\_ 60 mos. \_\_\_\_\_ Other: \_\_\_\_\_ Purchase Option: \$1.00 buyout \_\_\_\_\_ 10% final payment \_\_\_\_\_ Fair Market Value \_\_\_\_\_

### AUTHORIZATION TO CHECK CREDIT INFORMATION

The undersigned represents that all information provided with this application is true and correct and hereby authorizes All Seasons or its assignee, to obtain from third parties, information it deems necessary to arrive at a credit decision regarding this application. To help fight terrorism and money laundering, the information you provide will be verified. By signing below, the individuals(s) as principal of and/or guarantor for the applicant, authorizes All Seasons, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this application and for the purpose of update, renewal or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to All Seasons, its designee or assigns, by telephone or fax. A photo copy or fax of this authorization shall be valid as the original.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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