



American Financial Network, Inc.
CREDIT APPLICATION

Phone 216-921-2000

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	
Business Gross Sales		Business Net Income				

OWNERSHIP INFORMATION

Guarantor (President/Owner)		Title		% Ownership	Social Security Number
Guarantor's Home Address		City	State	Zip	Home Phone / Cell Phone

REFERENCE INFORMATION

Bank Reference : *Please make a copy of your most recent 3 months of business bank statements (first page only of each statement showing the opening and closing balances) and include those statements along with this application.*

Leasing Company / Other Creditor	Contact	Account No.	Phone No.
Landlord	Contact	Phone No.	
Insurance Agent	Contact	Phone No.	

VENDOR & EQUIPMENT INFORMATION

Equipment Vendor	Salesperson
General Equipment Description	Vendor Phone No.
Equipment Condition:	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) 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. 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 : _____

FAX COMPLETED APPLICATION TO : 216-921-2009