

CREDIT APPLICATION

805.316.1586 | vfsfunding.com

Submit Signed Application to credit@vfsfunding.com



Company Information

COMPANY NAME	TYPE OF BUSINESS			
	Sole Proprietorship	Partnership	Corporation	LLC
ADDRESS				
CITY	STATE	ZIP CODE		
COMPANY PHONE	COMPANY FAX			
COMPANY EMAIL	COMPANY WEBSITE			
DATE COMPANY ESTABLISHED	COMPANY TAX ID NUMBER	ANNUAL SALES	NO. OF EMPLOYEES	

Owner(s) Information

Owner 1

FIRST NAME	LAST NAME	PERCENT OF OWNERSHIP		
HOME ADDRESS				
CITY	STATE	ZIP CODE		
PHONE	SOCIAL SECURITY NUMBER			

Owner 2

FIRST NAME	LAST NAME	PERCENT OF OWNERSHIP		
HOME ADDRESS				
CITY	STATE	ZIP CODE		
PHONE	SOCIAL SECURITY NUMBER			

Equipment Information

EQUIPMENT DESCRIPTION	
PURCHASE PRICE	VENDOR NAME

Bank Reference

BANK NAME	BANK CONTACT	BANK ADDRESS
BANK PHONE	ACCOUNT NUMBER	

Submission of this application by each individual named above authorizes Valley Financial Services, Inc. and its agents and affiliates, to conduct inquiries regarding the undersigned's business operations and individual and business credit histories as it may deem necessary. This may include, without limitation, requesting credit reports, contacting banks and secured lenders, lessors and trade creditors for references.

SIGNATURE

DATE