

AMERICAN FINANCIAL



PARTNERS

To apply, simply complete the credit application below and fax to: 866-AFP-5204 (866-237-5204)

Delivery, setup, and training charges and applicable taxes can also be financed!

PERSONAL INFORMATION

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OWN: _____ RENT: _____ TIME AT CURRENT ADDRESS: _____ PAYMENT: _____

PHONE: _____ CELL PHONE: _____ EMAIL: _____

CURRENT EMPLOYER: _____ TIME AT CURRENT JOB: _____

SOCIAL SECURITY NUMBER: _____ GROSS ANNUAL HOUSEHOLD INCOME: _____

BUSINESS INFORMATION

BUSINESS LEGAL NAME: _____

DBA: _____ TIME IN BUSINESS: _____

CONTACT: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ FEDERAL TAX ID: _____

CELL PHONE: _____ EMAIL: _____ WEB URL: _____

VENDOR

MANUFACTURER: _____ DEALER BUSINESS NAME: _____

DEALER CONTACT PERSON: _____ PHONE: _____ EMAIL: _____

Each individual signing as principal certifies that the information provided in this application is accurate and complete. Each individual signing authorizes American Financial Partners, LLC. Or any other lending sources to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and /or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line, taking collection action on the account and for any other legitimate purpose associated with the account as needed. Each individual signing as principal further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

SIGNATURE: _____ DATE: _____