



**Credit Application and Agreement**

**A. APPLICANT**

Legal Business Name: \_\_\_\_\_

DBA (if different than above): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Estimated Annual Sales: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Amount of Credit Requested: \$ \_\_\_\_\_ Type of Business \_\_\_\_\_ How Long in Business \_\_\_\_\_

**B. BUSINESS INFORMATION**

Sole Proprietorship      Owner \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Partnership      Partner \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Partner \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Corporation/LLC      Pres. / Member \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

V. P. / Member \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Secretary / Member \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Treasurer / Member \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Federal Tax No. (if applicable) \_\_\_\_\_ Sales Tax Exemption Certificate  Yes  No (if yes, enclose signed certificate or copy)

**C. BANKING INFORMATION**

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Acct. No. \_\_\_\_\_ Type of Acct. \_\_\_\_\_

**I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.**

**D. TRADE REFERENCES** (Please fill out 3 references)

*Include Name, Contact, Address, Phone, & Fax Number*

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize ATMequipment.com to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

SERVICE CHARGE: A service charge of one and one half percent (1 ½% per month), or (18% per annum) or the highest legal rate, which ever is less may be assessed on delinquent invoices. These rates may change upon the discretion of ATMequipment.com.

VENUE: All amounts due for purchases from ATMequipment.com are payable at 854 West 450 North, Suite 6, Kaysville, UT 84037. It is further agreed that this agreement is entered into in the state of Utah and is governed by the laws of the state of Utah.

CHANGE OF OWNERSHIP: I/We understand that we must notify ATMequipment.com in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established.

In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not suit is filed.

I/We certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family, or household purposes.

APPLICANT’S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS:

Company Name \_\_\_\_\_  
 By: \_\_\_\_\_ Title \_\_\_\_\_  
 By: \_\_\_\_\_ Title \_\_\_\_\_

**CONSENT TO OBTAIN CONSUMER CREDIT REPORT**

**The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

