



FIVE PEAKS TECHNOLOGY
1790 SUN DOLPHIN DRIVE
MUSKEGON, MI 49444

Please fax your completed credit application to our credit department at (231) 332-1731 or email it to dianal@fivepeaks.net. If you have questions regarding your account, please call (231) 332-1731.

| COMPANY INFORMATION | | | | | | | | | | |
|--|------------|--------------------|-----------------------|--|-----------------|--|--|--|------------|--------------------|
| Complete Legal Company Name | | | | | DBA Name | | | | | |
| Street Address (Physical Address must be entered) | | | | | | P.O. Box (If applicable) | | | | |
| City | | | | State/Province | | Zip/Postal Code | | | | |
| County | | | | Business Phone # | | | Business Fax # | | | |
| Nature of Business | | | | Type of Business (please circle) Sole Proprietor Partnership L.L.C Corporation Other Please List: | | | | | | |
| Federal I.D. # | | State/UBI # | | Date Started or Incorporated | | | Years Under Current Ownership YEARS | | | |
| Email Address | | | | | Website Address | | | | | |
| Dunn & Bradstreet # | | | | SIC Code | | Accounts Payable Contact | | | | |
| OFFICERS/OWNERS/PARTNERS INFORMATION | | | | | | | | | | |
| 1) Full Name | | | 2) Full Name | | | 3) Full Name | | | | |
| Title | | Percent Owned % | | Title | | Percent Owned % | | Title | | Percent Owned % |
| Social Security # | | | Social Security # | | | Social Security # | | | | |
| Home Phone/Cell Phone | | | Home Phone/Cell Phone | | | Home Phone/Cell Phone | | | | |
| Street Address | | | Street Address | | | Street Address | | | | |
| City | State/Prov | Zip/Postal | City | State/Prov | Zip/Postal | City | | State/Prov | Zip/Postal | |
| BUSINESS CHECKING ACCOUNT REFERENCES | | | | | | | | | | |
| Bank Name | | | Account Number | | | Contact Person | | Bank Phone Number | | |
| LEASE COMPANY OR LOAN REFERENCE | | | | | | | | | | |
| Bank Name | | | Account Number | | | Contact Person | | Company Phone Number | | |
| BUSINESS TRADE ACCOUNT REFERENCES | | | | | | | | | | |
| 1) Company Name | | | Account Number | | | Contact Person | | Phone Number | | |
| 2) Company Name | | | Account Number | | | Contact Person | | Phone Number | | |
| 3) Company Name | | | Account Number | | | Contact Person | | Phone Number | | |
| DESCRIPTION OF EQUIPMENT (FINANCING) | | | | | | | | | | |
| Description of Product | | | | Quantity | | Model | | New <input type="checkbox"/> Used <input type="checkbox"/> | | |
| | | | | Equipment Cost \$ | | Lease/Loan Term Requested 24 Mo. 36 Mo. 48 Mo. 60 Mo. | | | | |
| Equipment Location Address if other than Business Address | | | | | | | | | | |
| INSURANCE COMPANY INFORMATION | | | | | | | | | | |
| Agency Name | | | | Agent Name/Contact Person | | | Agency Phone Number | | | |
| Street Address | | | | City | | State/Province | | Zip/Postal Code | | |
| By signing below, I agree to pay all invoices according to the terms set forth by Five Peaks Technology. I understand that a 1 1/2% finance charge will be applied to all past due invoices and if collection proceedings are initiated, all costs and fees will be at my expense. I authorize Five Peaks Technology, its affiliates and nominees to make a thorough investigation of the company and its officer(s)/owner(s)/partner(s) listed within this application for the purpose of opening, monitoring, renewal and extension of this and other accounts with Five Peaks Technology. I understand that a new credit application may be required to obtain credit terms for one or more of the following reasons: address change, company name change/alterd, or new ownership. | | | | | | | | | | |
| Signature | | | | | Date | | | | | |
| Printed Name | | | | | Title | | | | | |