

# Skyway Financial Services Credit Application

Bus. (727)867-7250  
Fax (727) 867-7251

146 Second Street N. Suite 310, St. Petersburg, Fl. 33701

Sales Rep. \_\_\_\_\_ Date Taken \_\_\_\_\_ Date Requested Financial \_\_\_\_\_

## BUSINESS INFORMATION

Business Name:		Phone:	Email:
		Fax:	Cellular:
Business Address:	County:	Years in Business:	Federal ID No.:
City/State/Zip:	Type of Business:		Contact:
Location of Equipment			
Proprietorship _____ Partnership: _____ Corporation _____			
S Corp <input type="checkbox"/>			
LLC <input type="checkbox"/>			
C Corp <input type="checkbox"/>			
Insurance Co.:	Telephone:	Address:	

## OWNERSHIP / OFFICER

Principal/Officer:	Home Address:	Soc. Sec. No.	Phone:
		Title:	%Owned:
Principal/Officer:	Home Address:	Soc. Sec. No.	Phone:
		Title:	% Owned:

## BANK REFERENCES

Bank Name	Location	Phone	Account No.	Contact	Type of Account
					Cking _____ Swing _____ Loan _____ Other _____
					Cking _____ Swing _____ Loan _____ Other _____

## LEASING / FINANCING / TRADE REFERENCES

Name	Telephone	Contact	Address

## EQUIPMENT & SUPPLIER INFORMATION

Supplier Name:	Telephone:	Cost:
Address:	Contact:	Sales Tax:
	Plan: Term:	Total Cost

Equipment:

I(We) authorize Skyway Financial Services and/or its assigns and designees to investigate all credit information, including but not limited to consumer credit reports, bank and trade references and accountant information for purposes of processing this lease credit application. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. Further, I (We) authorize the transmission of this information via the internet to "secured" sites only. All principals hereto agree that a fax copy of this application may be treated as and considered the same as an original, including the signature(s) below. Regulation B provides you the right to obtain a written statement of the specific reasons for adverse credit decisions. To obtain such statement, please contact us in writing within (60) days from the date you are notified of our decision. We will provide our written response within (30) days thereafter.

Authorized signature \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized signature \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized signature \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_