



CREDIT APPLICATION INSTRUCTIONS

4200 DAHLBERG DRIVE SUITE 100, MINNEAPOLIS, MN 55422

PHONE: 800/269-4075 • FAX: 800/269-4073

Required Information for deals up to \$50,000:

1. Completed application 1st Page only
2. Equipment quote(s)

Required Information for deals over \$50,000:

1. Completed application 1st & 2nd Pages
2. Equipment quote(s)
3. Two previous years of financial statements or tax returns for existing business
4. Interim financial statements (Only needed if the annual statements are more than four months old.)
5. Guarantor information
 - Personal financial statement or Page 2 of the application form
 - Most recent personal tax return (2 years if over \$100,000)

Information needed for start-ups: (<2 year in business)

Under \$25,000

1. Completed application 1st & 2nd Pages
2. Equipment quote(s)

Over \$25,000

1. Completed application 1st & 2nd Page(s)
2. Equipment quote(s)
3. Business plan with financial projections for at least 24 months, including background information on principal(s)
4. Two years of personal tax returns for guarantors

For more information please contact:

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National Account Sales
Direct dial: 763-520-8434
Toll Free: 800-269-4075 Ext 434
Fax: 800-269-4073
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COMPANY INFORMATION		
Full Legal Name:	Contact:	
Address:	Years in Business:	Years Under Present Ownership:
City/State/Zip:	Nature of Business:	
County:	Phone:	
Email Address:	Fax:	
State of Incorporation:	Federal Tax ID#:	Web Address:
Business Type: <input type="radio"/> S Corp <input type="radio"/> C Corp <input type="radio"/> Limited Liability Company <input type="radio"/> Partnership <input type="radio"/> Sole Proprietor <input type="radio"/> Other		

OWNERS, PARTNERS OR GUARANTORS		
1. Name:	Title:	Social Security #:
Address:	Home Phone:	Cell Phone:
City/State/Zip:	Percent Ownership:	Birth Date:
2. Name:	Title:	Social Security #:
Address:	Home Phone:	Cell Phone:
City/State/Zip:	Percent Ownership:	Birth Date:

BANK INFORMATION	
Name of Bank:	Deposit/Check Acct #:
Bank Contact:	Phone Number:

EQUIPMENT INFORMATION	
Description:	Estimated Cost:
Vendor Name:	Contact Person:
Address:	City/State/Zip:
Phone:	Fax:
Estimated Delivery Date:	<input type="checkbox"/> New Equipment <input type="checkbox"/> Used Equipment
End of Lease Options: <input type="checkbox"/> \$1 Purchase Option <input type="checkbox"/> Other	Term Requested: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other

Credit Authorization: I/We hereby authorize Wirth Business Credit, Inc., its assignee, assigns or potential assigns to review my personal credit and business profile provided by national credit bureaus in considering this application and for the purpose of updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize the above listed parties to release all credit information and bank information and I/We represent and warrant that all information submitted to Wirth Business Credit, Inc., including without limitation information on this application, any attachments, any supplemental, or other information herein is true, complete and accurate. I agree to immediately notify Wirth Business Credit, Inc. if any of such information changes materially in the 60 days after the date of this application. A facsimile, electronic or other copy of this authorization shall be as valid as the original.

Signature(s) of all owners, officers and/or guarantors:	Date:
1.	
2.	Date:



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SUPPLEMENTAL BUSINESS INFORMATION

BUSINESS INFORMATION (MOST RECENT YEAR-END)			
Total Revenue:	Business Net Income:	Current Assets:	Current Liabilities:
Total Assets:	Total Liabilities:	Owner's Equity:	
Primary Business Location: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	Lease Expiration Date:	Business Value:	

BUSINESS DEBT SCHEDULE (CURRENT BALANCES)					
Lender:	Purpose/Equipment:	Total Amount Owed:	Origination Date:	Maturity Date:	Payment:

SUPPLEMENTAL OWNER, PARTNER, OR GUARANTOR INFORMATION

OWNER, PARTNER, OR GUARANTOR 1 – PERSONAL FINANCIAL STATEMENT

Adj. Gross Income: (Line 35 IRS Form 1040)	Continuing Outside Income: (Income not from business)
<input type="checkbox"/> Own Home or <input type="checkbox"/> Rent Monthly Payment:	Outside Income Source:
Cash/Checking/Savings/Stocks/Bonds: (Non Retirement)	Home Mortgage Loan Balance:
Home Market Value:	Other Real Estate Loans:
Retirement Investments:	Credit Card Balances:
Business Interests:	Other Debt:
Automobiles & Other Personal Property:	Total Liabilities:
Total Assets:	Net Worth:

OWNER, PARTNER, OR GUARANTOR 2 - PERSONAL FINANCIAL STATEMENT

Adj. Gross Income: (Line 35 IRS Form 1040)	Continuing Outside Income: (Income not from business)
<input type="checkbox"/> Own Home or <input type="checkbox"/> Rent Monthly Payment:	Outside Income Source:
Cash/Checking/Savings/Stocks/Bonds: (Non Retirement)	Home Mortgage Loan Balance:
Home Market Value:	Other Real Estate Loans:
Retirement Investments:	Credit Card Balances:
Business Interests:	Other Debt:
Automobiles & Other Personal Property:	Total Liabilities:
Total Assets:	Net Worth:

Initials of all owners, officers and/or guarantors. X	Date:	Date:
X		