

Commercial Credit Application

The undersigned company is applying for credit with **Crown Fortune Properties, Inc.** and agrees to abide by the terms and conditions listed below.

Applicant (Company Name):	Co-Applicant:
DBA (if different)	
Contact person, Position and Title	
Address	
Phone	Fax
Cell Phone	
Applicant Fed Tax ID or Soc Sec #	Co-Applicant Fed Tax ID or Soc Sec #
Applicant Date of Birth:	Co-Applicant Date of Birth:
Applicant Driver's License No	Co-Applicant Driver's License No
Applicant Dr Lic State/Expires	Co-Applicant Dr Lic State/Expires
TYPE OF BUSINESS	Date Business Established
Types of products/services you will offer	No. of employees
Employer's Name	Emergency Contact
Address	Address
Contact	City/State
Phone	Phone

Are you (check one) a:
 CORPORATION PARTNERSHIP LLC SOLE PROPRIETORSHIP

State of incorporation _____

Names, titles, and addresses of your three chief corporate officers

1. _____
2. _____
3. _____

Name and address of resident agent

TRADE REFERENCES

Reference#1	Name

	Address

	Phone

Reference#2	Name

	Address

	Phone

Reference#3	Name

	Address

	Phone

COMMENTS

Company Name _____

Prior Address(es) _____

Landlord/Manager's Name(s) _____

Phone Number(s) _____

Length and Terms of Tenancy _____

BANK REFERENCES

Bank #1

Phone _____

Contact person _____

Name of bank _____

Address _____

Account# _____

Bank #2

Phone _____

Contact person _____

Name of bank _____

Address _____

Account# _____

Bank #3

Phone _____

Contact person _____

Name of bank _____

Address _____

Account# _____

PERSONAL REFERENCES

Reference #1

Name _____

Relationship/Years Known _____

Address _____

Phone _____

Reference #2

Name _____

Relationship/Years Known _____

Address _____

Phone _____

Reference #3

Name _____

Relationship/Years Known _____

Address _____

Phone _____

I represent that the above information is true and is given to induce Crown Fortune Properties to extend credit to the applicant. My company and I authorize Crown Fortune Properties to make such credit investigation as Crown Fortune Properties sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Crown Fortune Properties any and all information concerning the financial and credit history of my company and myself.

PERSONAL GUARANTEE: If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all charges to the corporation.

I have read the terms and conditions stated and agree to all of these terms and conditions.

Authorized signature: _____

Printed Name: _____

Title: _____ **Date:** _____

FINANCIAL STATEMENT OF: _____

(PLEASE PRINT FULL NAME)

DATE OF VALUATIONS: _____

List all amounts in whole dollars, omitting cents. Please attach a separate sheet if you need more space to complete a detail schedule.

ASSETS		AMOUNT	LIABILITIES PAYABLE WITHIN ONE YEAR		AMOUNT
Cash			Accounts Payable		
Accounts Receivable Within One Year			Installment Contracts and Notes Payable To Banks		
Collectible Note and Mortgage Installments Due Within One Year			Notes Payable to Others		
Marketable Securities and Investments			Income Tax Payable		
Cash Value of Life Insurance			Other Taxes Payable		
Other:			Real Estate Mortgages		
			Other:		
TOTAL CURRENT ASSETS			TOTAL CURRENT LIABILITIES PAYABLE AFTER ONE YEAR		
IRA, 401(K) Plans			Installment Contracts and Notes Payable to Banks		
Other notes, Mortgages and Trust Deeds Owned			Notes Payable to Others		
Real Estate Owned			Real Estate Mortgages		
Partnership Capital Account			Real Estate Leases		
Other:			Loans on Life Insurance		
			Other:		
			TOTAL LIABILITIES		
			NET WORTH		
TOTAL >			TOTAL >		

ANNUAL INCOME		ANNUAL EXPENDITURES		CONTINGENT LIABILITIES	
Employment Income		Property Taxes/Assessments		As Endorser	
		Income and Other Taxes		As Guarantor	
Dividends		Mortgage Payments & Interest		On Damage Claims	
Interest		Other Contract Payments		For Taxes	
Rentals		Lease Payments		Other:	
Alimony, child support		Insurance			
Other:		Living Expenses			
		Alimony, child support/maintenance			
		Other		<input type="checkbox"/> Check here if "None"	
TOTAL INCOME >		TOTAL EXPENDITURES >		TOTAL CONTINGENT LIABILITIES >	

CASH (Bank Accounts)

Name and Address of Bank or Savings Institution	Account No	S	C	Account Balance on Above Date
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

S = Savings C=Checking

Applicant hereby declares under PENALTY OF PERJURY that all information contained in this Financial Statement and all information set forth in the financial statements is true and correct as of the date of Applicant's signature and that all information was prepared prior to and is submitted for the purpose of obtaining credit.

Applicant Date/Place Signed

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