



Credit Application

FINANCIAL FEDERAL CREDIT INC.

Waste Division



10715 David Taylor Drive, Suite 550, Charlotte, NC 28262
 J D Magness Phone: 804-758-2359 Mobile: 804-694-6183 Fax: 804-758-2397
 jdmagness@financialfederal.com

Company Information: Please include two year end financials statements and/or tax returns, current interim statement (if available) & owner(s)' personal financial statement(s)

Proprietorship Partnership Corporation Subchapter S Corp Limited Liability Corp (LLC) (if LLC provide copy of operating agreement)

Company Legal Name: _____ Short/DBA Name: _____

Physical Address: _____ City: _____ State: ___ Zip: _____ County: _____

Billing Address: _____ City: _____ State: ___ Zip: _____ County: _____

Established: _____ State: ___ Fed. I.D. #: _____ E-Mail: _____ Website: _____

Contact: _____ Phone #: _____ Cell/Other Phone #: _____ Fax #: _____

Major Contracts	Start Date	Term	Residential # Pickups	Commercial # Pickups	Total Dollar Amount

Shop/Repair Facilities: Yes No # of Vehicles in Service: _____

Mobile Shredding experience of principal(s)/owner(s), yrs in business, other companies: _____

Company Ownership: If Corporation - names of officers, if LLC - names of members, if Partnership or Proprietorship - names of partners/owners

Full Name: _____	Soc. Sec. #: _____	Title: _____	Ownership%: _____
Home Address: _____		City: _____ State: ___ Zip: _____ County: _____	
Phone #: _____		Spouse's Full Name: _____ Spouse's Soc. Sec. #: _____	
Full Name: _____		Soc. Sec. #: _____ Title: _____ Ownership%: _____	
Home Address: _____		City: _____ State: ___ Zip: _____ County: _____	
Phone #: _____		Spouse's Full Name: _____ Spouse's Soc. Sec. #: _____	
Full Name: _____		Soc. Sec. #: _____ Title: _____ Ownership%: _____	
Home Address: _____		City: _____ State: ___ Zip: _____ County: _____	
Phone #: _____		Spouse's Full Name: _____ Spouse's Soc. Sec. #: _____	

Credit References:

Primary Bank: _____ Acct#(s): _____ Contact: _____

Address: _____ City: _____ State: ___ Zip: _____ Phone #: _____

Insurance: _____ Policy#(s): _____ Contact: _____

Address: _____ City: _____ State: ___ Zip: _____ Phone #: _____

Finance: _____ Acct#(s): _____ Contact: _____ Phone #: _____

Other/Trade: _____ Acct#: _____ Contact: _____ Phone #: _____

I hereby authorize Financial Federal Credit Inc. to investigate the information supplied herein. I also authorize my bank and other financial institutions and suppliers of credit as listed herein to share with Financial Federal Credit Inc. their experience. Authorization is granted to use photo or fax copies of signatures to obtain authorization.

By: _____ Title: _____ Date: _____