



**VUE/DK CAPITAL**  
 4121 Okemos Road, Suite 16, Okemos, MI 48864  
 phone 517-347-7844 • fax 517-347-7752

**CREDIT APPLICATION**

**APPLICANT**

Company Legal Name	
Address	
City	State County Zip
Phone	Fax
E-Mail	Date Est. (Current ownership)
<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other

**VENDOR**

Name	
Address	
City	State Zip
Phone	Fax
Contact	Delivery Date

**EQUIPMENT AND TERMS**

Equipment Cost	Equipment description			
<input type="checkbox"/> New <input type="checkbox"/> Used (age _____)	Term Requested	Monthly Payment	Down Payment	Purchase Option <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% <input type="checkbox"/> EFA

**CREDIT INFORMATION**

Type of Business	Federal Tax Identification Number		
Business Bank Name	Phone Number	Contact	Check Account #
Credit Reference	Phone Number	Contact	
Credit Reference	Phone Number	Contact	
Credit Reference	Phone Number	Contact	

**PERSONAL CREDIT INFORMATION ON OFFICERS / OWNERS / PARTNERS**

Name	Address	Social Security Number	Title
Home Phone	% Ownership		
Name	Address	Social Security Number	Title
Home Phone	% Ownership		

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to (broker) or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. 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 of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

X \_\_\_\_\_  
 APPLICANT'S SIGNATURE DATE

X \_\_\_\_\_  
 APPLICANT'S SIGNATURE DATE