



Amber Capital Corporation
 211 E. Lake Street, #6
 Addison, IL 60101
Greg Stopka – Leasing Consultant
 Toll Free: 877-557-0244
 Phone: 630-516-1100
 FAX: 630-516-1101
 Cell: 630-995-5677
 E-mail: gstopka@ambercapitalcorp.com
www.ambercapitalcorp.com

**COMMERCIAL
 APPLICATION FOR CREDIT**

COMPLETED & SIGNED BY CUSTOMER

Company Name _____

Dealer / Seller _____

Business Address _____

Address _____

City / State / Zip _____

City / State / Zip _____

Location Address _____

Rep Name _____

City / State / Zip _____

Bus Phone # _____ Fax # _____

Bus Phone # _____ Fax # _____

Pager # _____ Mobil# _____

Equipment

E-Mail Address _____

Contact _____ Title _____

Relative _____ Phone _____

Business Start Date _____

Cost Breakdown \$ _____

Federal ID Number _____

\$ _____

Sole Owner

\$ _____

Check one Partnership

\$ _____

Corporation State Inc. in: _____ Date: _____

\$ _____

Type of Business (in detail) _____

Bank & Trade Information

Bank _____ Town / State _____ Phone # _____ Contact _____

Business Account # _____ Account # _____ Personal Account # _____

Trade _____ Town / State _____ Phone # _____ Contact _____

Trade _____ Town / State _____ Phone # _____ Contact _____

Principal / Owner

Full Name _____ Social Security Number _____ Title _____ Ownership % _____

Home Address _____ Home Phone # _____

Are you a U.S. citizen? YES _____ NO _____ If NO, please provide country of citizenship _____

Full Name _____ Social Security Number _____ Title _____ Ownership % _____

Home Address _____ Home Phone # _____

Are you a U.S. citizen? YES _____ NO _____ If NO, please provide country of citizenship _____

By signing below the undersigned individual(s), who is either a principal of the credit application or a personal guarantor of its obligations, provides written instructions to Amber Capital Corporation or its designees, assignee and/or successor(s)-in-interest 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 collecting the resulting account. A copy of this application shall be valid as the original.

X _____
 (Signature)

 (Print Name) Dated: _____

X _____
 (Signature)

 (Print Name) Dated: _____