

CREDIT APPLICATION

Please complete all areas and send to:

8040 UNIVERSITY BLVD • DES MOINES, IA 50325

1-800-247-1787 • Fax: 515-271-8402

www.financingvending.com



Sales Information

Name of your Salesperson: _____ (If you do not have a salesperson enter "None")

Amount of Credit Requested (check one): _____ \$0 - \$5000 _____ \$5,000 - \$25,000 _____ \$25,000+

Customer Information

Current Finance Customer? _____ Current Customer _____ Past Customer _____ New Customer Finance Customer #: _____

Type of Business (Check One): _____ Individual _____ Proprietorship _____ Corp Other _____

Years in Vending: _____ Not in Vending _____ New Vendor 1-2 yrs. _____ 3-4 yrs _____ 5+ yrs _____

Number of Routes: _____ Number of Locations: _____ Number of Machines: _____ Annual Vending Sales: _____

Customer Name (Legal): _____ D/B/A Name (if any) _____

Business/Customer Address 1: _____ City: _____ State: _____ Zip code: _____ Country Code: _____

Business/Customer Address 2: _____ City: _____ State: _____ Zip code: _____ Country Code: _____

Business/Customer Phone: _____ Cell/Alternate Phone: _____ Fax #: _____

E-mail Address: _____

Owner/Authorized Signer 1 Name (Print): _____ Social Security No: _____

Owner/Authorized Signer 2 Name (Print): _____ Social Security No: _____

Credit Information

Circle One: Home Owner Renter Number or Years at address:

Home Address 1: _____ City: _____ State: _____ Zip code: _____ Country Code: _____

Home Address 2: _____ City: _____ State: _____ Zip code: _____ Country Code: _____

Home Phone: _____ Cell Phone: _____ Pager #: _____

Nearest Relative not Living with Customer: _____ Relationship: _____ Phone #: _____

Employed Outside Vending Business: _____ Yes _____ No
Employment Information (If employed outside business or in business less than one year)

Name of Employer of Signer 1: _____ Salary: _____ Position: _____ Phone #: _____ Yrs Employed: _____

Name of Employer of Signer 2: _____ Salary: _____ Position: _____ Phone #: _____ Yrs Employed: _____

Trade References

Name: _____ Phone #: _____ Account #: _____

Name: _____ Phone #: _____ Account #: _____

Name: _____ Phone #: _____ Account #: _____

For purchases over \$25,000 we will require the submittal of, 1) last years tax returns and/or 2) current year to date Profit & Loss statement. Please feel free to fax this information to our secure fax line 515-271-8402.

I understand that Wittern Financial Services is relying on this information in extending credit and I warrant it to be true. I hereby authorize WFS or any bank/ and or trade bureau or other investigative agencies employed by WFS to investigate the references herein listed or other data obtained from me or any other person pertaining to my credit and financial responsibility. The undersigned authorizes all parties contacted to release credit information requested or its successors or assigns.

Signature _____ (position of signer) Signature _____ (position of signer) Date _____