BUSINESS CREDIT APPLICATION

NAME/ADDRESS

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax I.D. Number
Address:			Telephone:
City:	State:	Zip:	Fax:

COMPANY INFORMATION

Type of Business:			In Business Since:	
Legal Form Under Which Business Operates: Corporation ☐			Partnership ☐	Proprietorship ☐
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State: Zip:	Phone:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State: Zip:	Phone:	

BANK REFERENCES

Institution Name:	Institution Name:	Institution Name:	
Checking Account No.	Savings Account No.	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	

TRADE REFERENCES (Please attach additional references if available)

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
High Credit:	High Credit:	High Credit:
Current Balance:	Current Balance:	Current Balance:

STATEMENT OF ACCURACY AND PERMISSION TO VERIFY

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

_____ _____

Signature *Date*

PERSONAL GUARANTEE

I, _____, hereby personally guarantee any and all credit extended to my company. I will be personally responsible and liable for all balances due, including costs of collection, should that become necessary.

Name: _____ Home Address: _____,

City _____ State _____ ZIP _____ Phone: (_____)_____

_____ _____

Signature *Date*

Mail or fax back to: EV Rider, LLC – 6410 Arc Way – Suite A – Fort Myers - FL 333966- Fax: (239) 278-1431

VERY IMPORTANT: FAX/MAIL TOGETHER WITH COPY OF RESALE CERTIFICATE