



CREDIT APPLICATION

Renaldo Sales & Service, Inc.
1770 Mile Strip Rd
North Collins, NY 14111
Phone: 716-337-3760
FAX: 716-337-2756

CUSTOMER INFORMATION

Full Legal Business Name: _____

DBA: _____

Postal Address: _____

City: _____ ST: _____ ZIP: _____

Shipping Address: _____

Phone: _____ Fax: _____ Contact: _____

Federal ID#: _____ Resale:# _____

BUSINESS BACKGROUND

Type of Business _____ () Proprietorship _____ () Partnership _____ () Corporation

Year Business Began: _____ CEO/Owner: _____

Annual Sales Volume: _____ Annual Lease Volume: _____

State Inc.: _____ Ownership % _____ Number of Outlets: _____

List Location of Secondary Outlets: _____

EQUIPMENT INFORMATION

Type(s) of Equipment Sold: (Please attach product literature): _____

Primary Manufacturer Represented: _____

Average Equipment Cost: _____ Target Market: _____

TRADE REFERENCES - (Use separate sheet if necessary)

1. _____

2. _____

3. _____

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BANK REFERENCES - (Prior Bank required if less than two years)

1. Bank Name: _____ Bank Officer/Contact: _____
Address: _____ Phone: _____
Account Nos/Type (List checking and loan account nos.) _____

2. Bank Name: _____ Bank Officer/Contact: _____
Address: _____ Phone: _____
Account Nos/Type (List checking and loan account nos.) _____

SIGNATURE

Please Read Carefully.

In considering this request from you, we will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. It is a federal crime to make a false statement on this application. By signing this application you represent and warrant the accuracy of the information and you acknowledge having read the Fair Credit Reporting Act disclosure, which is printed below.

By: (X) _____ Date _____
Signature Date

Fair Credit Reporting

In connection with the administration of loans, leases and extension of terms Renaldo Sales & Service, Inc. may request a routine investigative consumer report concerning my character, general reputation, personal characteristics, and mode of living, whereby information is obtained through interviews. If such a report is requested, detailed information about the nature and scope of this investigation will be made available to me upon my written request within a reasonable period of time.

BANK INFORMATION RELEASE

Bank: _____ Attention: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone #: _____ Fax #: _____

Customer Name: _____

Account Number(s) _____

RENALDO SALES & SERVICE, INC. will request information by telephone on all accounts maintained at your bank. Please accept this release as authorization to provide the requested information.

X _____ (Customer Authorized Signature) Date: _____