



Aneгада Solutions, Inc.

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Vince Camarda

FAX COMPLETED APPLICATION TO: 847-397-1612

CREDIT APPLICATION

COMPLETE LEGAL BUSINESS NAME _____

DATE _____

- SOLE PROPRIETOR
 PARTNERSHIP
 CORPORATION
 LLC

BUSINESS ADDRESS - INCLUDING COUNTY _____

MAIN CONTACT _____

PHONE NUMBER _____

FAX NUMBER _____

** (EQUIPMENT LOCATION) _____

FEDERAL TAX ID # _____

TYPE OF BUSINESS _____

YEARS IN BUSINESS _____

PRINCIPAL/OFFICER/PARTNER	SOCIAL SECURITY #	TITLE/% OWNED	HOME ADDRESS & TELEPHONE NUMBER

BANK/MONEY MARKET ACCOUNTS	ACCOUNT #	TELEPHONE	OFFICER TO CONTACT
BUSINESS			
BUSINESS			
BUSINESS/PERSONAL			

TRADE REFERENCES	ACCOUNT #/ TELEPHONE/ CONTACT

EQUIPMENT (PLEASE ATTACH DETAILED LIST OF EQUIPMENT)			
SUPPLIER	ADDRESS	PHONE/FAX	CONTACT

TYPE OF EQUIPMENT	NEW/USED	COST OF EQUIPMENT
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LEASE TERM	LEASE PAYMENT
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END OF TERM OPTION \$1.00 10% FMV OTHER _____

By signing below, as either the principal of the credit applicant or a personal guarantor of its obligations, I authorize you to obtain such information as you may require concerning the statements made in this application, and agree that the application shall remain our property, whether or not credit is granted. I also agree that all information regarding the account, including personal credit may be reviewed by a credit bureau and or our assigns. Such authorization shall be used to obtain a credit profile for this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. I affirm that I have carefully read each of the answers given to the forgoing questions and agree that they are correct.

X _____ X _____ DATE _____