



CopySimple

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Brand Requested: **xerox** 

Copy Simple
4925 Greenville Avenue Dallas, Texas 75206
682-651-5696
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CREDIT APPLICATION

DEALER _____
CONTACT _____
PHONE _____ FAX _____

NAME _____	YEARS IN BUSINESS _____ (If less than three years, principal information required)
ADDRESS _____	FEDERAL ID # _____
CITY/STATE/ZIP _____	NATURE OF BUSINESS _____
PHONE _____ FAX _____	
SUBSIDIARY/DIVISION OF _____	
TYPE OF ORGANIZATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> OTHER (describe) _____	
PRINCIPAL'S NAME _____	SOCIAL SECURITY # _____
HOME ADDRESS _____	HOME PHONE # _____
CITY/STATE/ZIP _____	

BANK REFERENCES:

BANK NAME _____
PHONE _____ FAX _____
ADDRESS _____
CONTACT _____
ACCOUNT NUMBER _____

BANK NAME _____
PHONE _____ FAX _____
ADDRESS _____
CONTACT _____
ACCOUNT NUMBER _____

TRADE REFERENCES:

NAME _____
PHONE _____ FAX _____
ADDRESS _____
CONTACT _____

NAME _____
PHONE _____ FAX _____
ADDRESS _____
CONTACT _____

NAME _____
PHONE _____ FAX _____
ADDRESS _____
CONTACT _____

EQUIPMENT _____

LEASE TERM (months) _____
SECURITY DEPOSIT (# of months) _____
FUNDING AMOUNT \$ _____
RATE FACTOR _____
MONTHLY PAYMENT (without Sales Tax) \$ _____
PURCHASE OPTION <input type="checkbox"/> FMV
<input type="checkbox"/> 10%
<input type="checkbox"/> \$1.00
<input type="checkbox"/> OTHER _____

I hereby authorize CopySimple or its assignees to gather information from sources such as, but not limited to, commercial and consumer reporting agencies for the sole purpose of determining an open line of credit for business use only and that all of the information is true and correct. All information will be held in strictest of confidence.
PLEASE ATTACH TAX EXEMPTION CERTIFICATE (IF APPLICABLE).

AUTHORIZED SIGNATURE **NAME** **TITLE** **DATE**