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BUSINESS CREDIT APPLICATION

CUSTOMER INFORMATION

Legal Company Name:		Years in Business:	# of Locations:
Billing Address:		Equipment Location:	
City:	State:	Zip:	
Phone:	Fax:	Email:	
Nature of Business:		Type (Check One): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	

Principal 1:	Phone:	Principal 2:	Phone:
Title:	%Ownership:	Title:	%Ownership:
Home Address:		Home Address:	
City:	State:	Zip:	
Social Security Number:		Social Security Number:	

EQUIPMENT/PRODUCT

Description:	
Estimated Project Start Date: <input type="checkbox"/> 30Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> Over 90 Days	
Term: <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months	<input type="checkbox"/> 60Months <input type="checkbox"/> 72 Months <input type="checkbox"/> 84 Months
Total Equipment Cost:	
Total Project Cost:	
Vendor/Supplier:	Contact: Phone:

BANK INFORMATION

Name of Bank:	Contact:	Phone	Checking Account #:
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Information Release: I hereby authorize Harbour Capital, its designees or assigns, to make business and or personal credit inquiries as necessary throughout the lease. I understand that this may include a personal credit bureau which will be used in the credit evaluation process. A facsimile signature(s) shall have the same force and effect as an original signature(s). I also authorize Harbour Capital, its designees or assigns, to contact me via any means or media deemed necessary.

Signature _____ Date _____

Signature _____ Date _____