

# CREDIT APPLICATION

## CUSTOMER INFORMATION:

Business Type: (check one)  Proprietorship  Corporation  LLC  Partnership FED ID# \_\_\_\_\_ State \_\_\_\_\_

Industry: (check one)  Amusement (Route)  Amusement (FEC, Arcade)  Vending  Carnival  Coin Laundry  Amusement Park

Gaming/Lottery  Other \_\_\_\_\_

Year Business Started: \_\_\_\_\_ Annual Revenues in Most Recent Year \_\_\_\_\_ Average Split % \_\_\_\_\_ # of Employees \_\_\_\_\_

# Pieces of Equipment: \_\_\_\_\_ Food/Plush/Music Costs: \_\_\_\_\_ # of Locations \_\_\_\_\_ Types of Locations: \_\_\_\_\_

Types of Equipment: \_\_\_\_\_

Business Name (correct legal name): \_\_\_\_\_  
(IF A DBA, PLEASE IDENTIFY DBA NAME)

Business Mailing Address \_\_\_\_\_  
(STREET) (CITY) (STATE) (COUNTY) (ZIP)

Business Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Contact Name(s): \_\_\_\_\_ Business Web Site Address: \_\_\_\_\_

How did you hear about Firestone? \_\_\_\_\_  
(IF AN ADVERTISEMENT, PLEASE SPECIFY PUBLICATION NAME)

## TRANSACTION INFORMATION:

Equipment Vendor \_\_\_\_\_ Vendor Phone # \_\_\_\_\_

Equipment Description (Year, Make, Model, Serial #) \_\_\_\_\_

Equipment Cost \_\_\_\_\_ Downpayment Amount (Please specify Cash or Trade) \_\_\_\_\_

Term Length Requested \_\_\_\_\_ Months Preferred for Payment (Seasonal Payment Request) \_\_\_\_\_

**BUSINESS OWNER/OFFICER/MEMBER/PARTNER:** *Note: If there are more than two, please copy application, fill out necessary info and sign authorization below.*

Name: Mr./Ms. \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_ Title: \_\_\_\_\_ Ownership % \_\_\_\_\_  
(CIRCLE ONE)

Home Address: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: Mr./Ms. \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_ Title: \_\_\_\_\_ Ownership % \_\_\_\_\_  
(CIRCLE ONE)

Home Address: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## REFERENCES:

1. \_\_\_\_\_  
(TRADE REFERENCE) (PHONE #) (CONTACT NAME) (YEARS WITH TRADE) (CURRENT BALANCE)
2. \_\_\_\_\_  
(TRADE REFERENCE) (PHONE #) (CONTACT NAME) (YEARS WITH TRADE) (CURRENT BALANCE)
3. \_\_\_\_\_  
(BUSINESS CHECKING ACCOUNT) (PHONE #) (CONTACT NAME) (ACCOUNT #) (CITY/STATE)
4. \_\_\_\_\_  
(LOAN REFERENCE) (PHONE #) (CONTACT NAME) (LOAN/LEASE #) (CURRENT BALANCE) (MONTHLY PAYMENT)

## CARNIVAL CUSTOMER ONLY:

Please mail the completed application with your most recent tax return, equipment list and route schedule to the Firestone address, or fax to 617-332-8032.

Which show do you operate on? \_\_\_\_\_ State Where Equipment Will Be Registered and Titled \_\_\_\_\_

Insurance Agency \_\_\_\_\_  
(PHONE #) (CONTACT NAME) (FAX #) (CITY/STATE)

I submit the information hereof is true and complete, and I agree to furnish financial statements from time to time as you may request, and promptly notify you of changes in my financial circumstances. Authorization is given by signature(s) below for Firestone Financial Corp. to inquire about credit experience of above bank and trade references and to make inquiries of credit reporting agencies and authority is granted for stated references and credit reporting agencies to furnish this information.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Firestone Financial Corp. within 60 days from the day you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, natural origin, sex, marital status, age, (provided the applicant has the capacity to enter into a binding contract): familial status, sexual orientation, ancestry, handicap or whether or not all or part of the person's income derives from any public assistance program: or whether the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is Federal Deposit Insurance Corporation, 15 Braintree Hill Office Park, Braintree, MA 02184. The state agency administers compliance with the state law is Massachusetts Commission Against Discrimination, One Ashburton Place, Boston, MA 02108.

Signed by Applicant: \_\_\_\_\_

Signed by Applicant: \_\_\_\_\_

Please provide a copy of your driver license with this application. Application and license may be emailed to [websales@firestonefinancial.com](mailto:websales@firestonefinancial.com) or faxed to: 617.332.8032.

