

CAPITAL BUSINESS CREDIT, LLC
APPLICATION FOR CREDIT

Corporate Name:		Doing Business As:		Affiliated to:
Billing Address:		Phone / Cell:	Fax #:	E-Mail / Website:
		Phone #:		
		Cell #:		
Owned by:			Duns #:	How long in business?
Number of locations:	Average size:	Mall/ Street/ Strip: (circle one)	# stores opened current year:	# stores closed:
Are all locations profitable?	Average lease life:	How many stores are under renovation?	Public company?	
		How many stores are being relocated?	Symbol:	
*** PLEASE ENCLOSE COMPARITIVE YEAR END FINANCIAL STATEMENTS AND INTERIMS ***				
Name of BANK/ LENDER:			Name of BANK/ LENDER:	
<input type="checkbox"/> Address: <input type="checkbox"/> Phone: Fax: <input type="checkbox"/> Contact: <input type="checkbox"/> Account number:			<input type="checkbox"/> Address: <input type="checkbox"/> Phone: Fax: <input type="checkbox"/> Contact: <input type="checkbox"/> Account number:	
The undersigned permits the release of information for the purpose of updating or establishing business credit with Capital Business Credit, LLC X _____			The undersigned permits the release of information for the purpose of updating or establishing business credit with Capital Business Credit, LLC X _____	
FACTORS/ SUPPLIERS:			FACTORS/ SUPPLIERS:	
<input type="checkbox"/> Name: <input type="checkbox"/> Address: <input type="checkbox"/> Phone: <input type="checkbox"/> Fax: <input type="checkbox"/> Contact:			<input type="checkbox"/> Name: <input type="checkbox"/> Address: <input type="checkbox"/> Phone: <input type="checkbox"/> Fax: <input type="checkbox"/> Contact:	
FACTORS/ SUPPLIERS:			FACTORS/ SUPPLIERS:	
<input type="checkbox"/> Name: <input type="checkbox"/> Address: <input type="checkbox"/> Phone: <input type="checkbox"/> Fax: <input type="checkbox"/> Contact:			<input type="checkbox"/> Name: <input type="checkbox"/> Address: <input type="checkbox"/> Phone: <input type="checkbox"/> Fax: <input type="checkbox"/> Contact:	

REPLY TO:

fax: 212-887-

phone: 212-887-