CREDIT APPLICATION

Send to: Wittern Financial Services 8040 University Blvd. Des Moines, IA 50325 Fax to 515-271-8402

Sales Information

Name of your Salesperson:		(If yo	ou do not have a sa	lesperson enter "No	one")	
Amount of Credit Requested (check one):	\$0 - \$5000\$5,000	- \$25,000\$25,0	000+			
	Cust	tomer Informa	<u>ation</u>			
Current Finance Customer?Current Cu	stomer Past Customer	New Customer	Finance Custome	er#:		
Legal Business or Customer Name:	_ D/B/A Name (if	any)				
Type of Business (Check One):Sole	P Partnership	Corp				
Years in Business: yrs.						
Number of Routes: Number of	f Locations: Nu	umber of Machines:	Annua	l Sales:		
Business/Customer Address:	ess/Customer Address: City:		State:		Zip code:	
Business/Customer Phone:	Cell/Alternate Phone:			Fax # :		
E-mail Address:						
Owner/Authorized Signer 1 Name (Print): _			Social Secu	rity No:		
Owner/Authorized Signer 2 Name (Print): _		Social Security No:				
	Cr	edit Informati	ion			
Check One: Home Owner		oer or Years at address				
Home Address:	City:		State:		Zip code:	
Home Phone:						
Nearest Relative not Living with Customer:				-		
	ployed Outside Ve					
Employment Inform		0			than one year)	
Name of Employer of Signer 1:	Salary	Posit	ion	Phone #	Yrs Empl	oyed
Name of Employer of Signer 2:	Salary	Posit	ion	Phone #	Yrs Empl	oyed
	T	rade Referenc	og			
Name:						
Name:						
Name:	Phone #:		Account #			
For purchases over \$25,000 we will require information to our secure fax line 515-271-8		tax returns and/or 2) o	current year to date	e Profit & Loss state	ement. Please feel free	to fax this
I understand that Wittern Financial Services trade bureau or other investigative agencies to my credit and financial responsibility. The	employed by WFS to investig	gate the references her	ein listed or other	data obtained from	me or any other person	pertaining
Signature	(position of signer)	Signature		(no	osition of signer)	Date