

Northern Atlantic Credit Application

Simply fill out the information below, we will begin working for you right away!

Complete Legal Business Name

Tax ID#

Your E-Mail

My Business Is A:

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC

What Type Of Business Do You Have?

Business Mailing Address

Business City, State, ZIP

Business County

Years in Business

Business Phone Number

Business Fax Number

Who Is Your Insurance Agent?

What Is Your Insurance Agent's Phone Number?

Are You A United States Citizen?



☐ Yes ☐ No

Principal / Officer / Partner#1

Principal / Officer / Partner#1 Social Security#

Principal / Officer / Partner#1 % Owned

Principal / Officer / Partner#1 Home Address

Principal / Officer / Partner#1 City, State, ZIP

Principal / Officer / Partner#1 Telephone Number

Principal / Officer / Partner#2 (If Applicable)

Principal / Officer / Partner#2 Social Security#

Principal / Officer / Partner#2 % Owned

Principal / Officer / Partner#2 Home Address

Principal / Officer / Partner#2 Telephone Number

Please List An Equipment Loan Reference (For Equipment You Already Own)

Equipment Loan Reference Telephone Number

Equipment Supplier



Equipment Supplier Name (For this deal)

Equipment Supplier Phone

Type of Equipment (Year, Make, Model)

Is your Equipment New Or Used?

☐ New ☐ Used

Cost of Equipment Being Purchased - Any Down or Trade-In

X _____



Signature Certificate

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