



410 Turnberry Way Souderton, Pa 18964 (P) 800-710-4361
 (F) 800-711-0468 JoAnn Cucciarre (C) 610-909-8023
 Email: joann@northernatlanticfinancial.com; cc: amy@northernatlanticfinancial.com
www.northernatlanticfinancial.com

CREDIT APPLICATION

COMPLETE LEGAL NAME	EMAIL		<input type="checkbox"/> SOLE PROP
			<input type="checkbox"/> PARTNERSHIP
			<input type="checkbox"/> CORPORATION
			<input type="checkbox"/> LLC
TYPE OF BUSINESS	FEDERAL ID NUMBER	YEARS IN BUSINESS	
MAILING/BUSINESS ADDRESS	COUNTY	PHONE NUMBER	FAX NUMBER
EQUIPMENT LOCATION	COUNTY	PHONE NUMBER	CONTACT
INSURANCE AGENT	AGENT'S PHONE NUMBER		

ARE YOU A US CITIZEN YES NO

PRINCIPAL / OFFICER / PARTNER	SOCIAL SECURITY #	TITLE / %OWNED	HOME ADDRESS & TELEPHONE

BANK / MONEY MARKET ACCOUNTS	ACCOUNT #	TELEPHONE	OFFICER TO CONTACT
BUSINESS			
BUSINESS			
BUSINESS / PERSONAL			

TRADE REFERENCES	ACCOUNT # / TELEPHONE / CONTACT

EQUIPMENT LOAN REFERENCE	ACCOUNT # / TELEPHONE / CONTACT

EQUIPMENT		
SUPPLIER		
Plant Health Care Systems LLC	Manheim, PA	
TYPE OF EQUIPMENT	NEW / USED	COST OF EQUIPMENT

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process, and, if necessary, any collection actions to be taken on the account. The undersigned waives any right or claim they would otherwise have under Fair Credit Report Act in the absence of this continuing consent. **I hereby authorize our banks, trades, and personal credit bureaus to release credit information to Northern Atlantic Financial, LLC. and/or its assignees.**

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