



CREDIT APPLICATION

ClearView Financial, Inc.

Todd Mickey
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Print FULL LEGAL COMPANY NAME with DBA NAME on above line

Physical Address City County St Zip

Mailing Address City St Zip

Phone # Fax #

Federal ID# Org. ID#

Company Website: Email Address:

Insurance Co. Phone # Fax #

Year Business Started (MM/YYYY) Type of Business

Mark One that applies: Corporation LLC Partnership Proprietorship

PERSONAL INFORMATION

(PG 1) Name Title %Ownership

Home Address City/State/Zip

Social Security # Home Phone # Cell #

(PG 2) Name Title % Ownership

Home Address City/State/Zip

Social Security # Home Phone # Cell #

CREDIT REFERENCES

Primary Business Bank Contact Person

Account #: Checking Savings Loan Yes No #

Bank Phone # Fax #

TRADE REFERENCES

Firm Name Phone # Acct #

Fax #

Firm Name Phone # Acct #

Fax #

Firm Name Phone # Acct #

Fax #

Equipment to be leased/financed Total Price \$

Vendor Address

City State Zip

Phone Fax Contact

PLEASE READ AND SIGN

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of obligations, provides written instruction to ClearView Financial, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit and/or financial/banking information. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

PG1
Signature

Date

PG2
Signature

Date