

# Graphic Savings Group LLC

457 Castle Avenue \* Fairfield, CT 06825  
 203-336-4034 \* Fax: 203-549-0476  
[mail@graphicsavings.com](mailto:mail@graphicsavings.com)

## Credit Application (Page 1/2)

ACCOUNT EXECUTIVE

DATE:

ECOA Statement: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all of or part of the applicants income is derived from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law is the Federal Trade Commission, ECOA Compliance, Washington, D.C. 20281.

<b>LESSEE FULL COMPANY NAME</b>		<b>DATE ESTABLISHED (CURRENT OWNERSHIP)</b>	<b>WEB PAGE ADDRESS</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>TRADE STYLE OR NAME</b>		<b>EMAIL ADDRESS</b>	<b>TELEPHONE</b>	<b>FAX</b>
<b>BUSINESS STRUCTURE</b> Check Box or specify <input type="checkbox"/> Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> OTHER Specify other: _____		<b>NATURE OF BUSINESS</b>		<b>STATE OF INCORPORATION</b>
		<b>FEDERAL TAX NO.</b>		

### GUARANTORS / OWNERS

(1)

(2)

(3)

<b>NAME</b>			
<b>STREET</b>			
<b>CITY, STATE, ZIP</b>			
<b>HOME NUMBER</b>			
<b>SOCIAL SECURITY NUMBER</b>			
<b>TITLE</b>			
<b>% OF OWNERSHIP</b>		%	%
<b>SIGNATURE (I agree to the authorization to obtain consumer credit report below)</b>			

### CREDIT REFERENCES (PLEASE PROVIDE AT LEAST 2 YEARS HISTORY)

BANK	DATE OPENED	PHONE NUMBER	CONTACT	ACCOUNT #	TYPE

### MAJOR TRADE ACCOUNTS

CITY/STATE

PHONE NUMBER

CONTACT

ACCOUNT


### BUSINESS LANDLORD

CITY/STATE

PHONE NUMBER

CONTACT

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### VENDOR NAME

ADDRESS

CITY

STATE

ZIP

<b>CONTACT NAME &amp; PHONE NUMBER</b>		<b>RESALE #</b>	
<b>EQUIPMENT DESCRIPTION</b>		<input type="checkbox"/> NEW <input type="checkbox"/> USED	<b>TERM REQUESTED</b>
<b>EQUIPMENT LOCATION (IF DIFFERENT FROM ADDRESS ABOVE)</b>		<b>TOTAL INVOICE WITHOUT TAX</b>	

### Authorization to Obtain Consumer Credit Report

By signing this application, each individual(s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Graphic Savings Group LLC or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile, as well as the corporate profile, from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. Furthermore, I acknowledge that this application is for the extension of commercial credit only and any equipment leased will be used exclusively for commercial purposes. A photo static or facsimile copy of this authorization shall be valid as the original.

Signature: X \_\_\_\_\_

DATE \_\_\_\_\_

Name (please print): \_\_\_\_\_

TITLE \_\_\_\_\_

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**Credit Application (Page 2/2)**

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**Current or Previous Loan or Lease Information:**

Bank/Lessor Name Telephone #	Date Opened	Account Number	Original Amount	Monthly Payments	Remaining Months	Remaining Balance

PLEASE SIGN AND COMPLETE THE APPLICATION FORM AND SEND IT TO 203-549-0476.

IF THE LEASE IS FOR MORE THAN \$50,000, INCLUDE THE FOLLOWING REQUIRED CREDIT INFORMATION:

- PAST TWO (2) YEARS FINANCIAL STATEMENTS (AUDITED IF AVAILABLE)
- PAST TWO (2) YEARS CORPORATE TAX RETURNS (IF FINANCIALS ARE UNAUDITED)
- MOST CURRENT INTERIM FINANCIAL STATEMENTS
- PERSONAL FINANCIAL STATEMENT(S) OF OWNER(S)
- LAST YEARS PERSONAL TAX RETURNS OF OWNER(S)