



CREDIT APPLICATION



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VENDOR

To improve response time, may we contact Customer directly? YES NO

NAME: **Able Business Systems, Inc.** CITY, STATE: **New Port Richey Florida**

PHONE: **(727) 841-6893** FAX: **727-817-0808** CONTACT NAME: **Tony Pastore**

CONTACT EMAIL: **tpastore@ablebusiness.com** CONTACT PHONE: **727-841-6893**

CUSTOMER ("YOU" OR "YOUR")

FULL LEGAL NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

CONTACT: _____ PHONE: _____ FAX: _____

EMAIL: _____ BUSINESS NATURE: _____ WEBSITE: _____

CORPORATION PARTNERSHIP PROPRIETORSHIP NO. OF EMPLOYEES: _____ YEAR INCORPORATED/ESTABLISHED: _____ STATE: _____

PERSONAL DATA (ON MAJOR STOCKHOLDERS, PARTNERS, OR PROPRIETORS)

NAME	TITLE	HOME ADDRESS	SOCIAL SECURITY NO.
1. _____	_____	_____	_____
2. _____	_____	_____	_____

BANK REFERENCES (TWO-YEAR HISTORY)

BANK	CITY/STATE	CONTACT	PHONE	ACCOUNT NO.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

FINANCING/LOAN REFERENCES

NAME	CITY/STATE	CONTACT	PHONE	ACCOUNT NO.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

EQUIPMENT

TYPE, MAKE, MODEL NUMBER, AND INCLUDED ACCESSORIES	SERIAL NUMBER	NEW/USED
_____	_____	_____
_____	_____	_____

TERMS

TERM IN MONTHS: _____ EQUIPMENT COST: _____

RATE FACTOR: _____ INSTALLATION: _____

PAYMENT AMOUNT: _____ PASS THROUGH: _____

PURCHASE OPTION: _____ TAXES: _____

SECURITY DEPOSIT: _____ TOTAL COST: _____

AUTHORIZATION

I HEREBY AUTHORIZE GREATAMERICA OR ITS DESIGNEE(S) TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY BUSINESS AND/OR PERSONAL CREDIT AND FINANCIAL RESPONSIBILITY, AND TO OBTAIN INFORMATION FROM ANY CREDIT REPORTING AGENCY WITH RESPECT TO ME AND THE ABOVE NAMED CUSTOMER, IN CONNECTION WITH EXTENDING CREDIT AND/OR REVIEWING/COLLECTING THE ACCOUNT.

(As Stated Above) _____

CUSTOMER SIGNATURE PRINT NAME & TITLE DATE

(As Stated Above) _____

CUSTOMER SIGNATURE PRINT NAME & TITLE DATE

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION

IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THE DENIAL. TO OBTAIN THE STATEMENT, PLEASE CONTACT GREATAMERICA FINANCIAL SERVICES CORPORATION, 625 FIRST ST SE, CEDAR RAPIDS, IOWA 52401 (319-365-8000) WITHIN 60 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE 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 OR PART OF THE APPLICANT'S INCOME DERIVES 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 CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580.