



CREDIT APPLICATION

Please fax completed and signed application to 702-647-3941
Questions or need assistance? Call 702-636-9336 (office) or 702-591-8196 (cell)

Please note that all fields must be completed to render a credit decision!

Business Information

Full Legal Name of Business _____
 DBA Name (if applicable) _____ Website _____
 Business Address _____
 Street/City/County/State/Zip _____
 Contact _____ E-mail _____
 Phone _____ Fax _____ Fed. Tax ID _____
 Business Type (check one) Proprietorship Corporation Limited Partnership General Partnership
 Not for Profit LLC Municipal Gov't Other
 State of Formation (not applicable for proprietorship or government) _____ Org ID _____
 Nature of Business _____ Years in Business _____

Supplier and Equipment Information

Supplier Name _____ Contact _____ Phone _____
 Supplier Address _____
 Street/City/County/State/Zip _____

Equipment Description	Quantity	Make	Model

Estimated Equipment Cost \$ _____ + Other costs \$ _____ = Estimated Total Cost \$ _____
 (software, installation, maintenance)

Payment Type: Monthly Quarterly Other Estimated Payment Amount \$ _____
 Requested Term _____ Months Requested End of Term Purchase Option FMV 10% \$1.00

Bank/Trade References

Bank Name _____ Contact _____
 Account Number _____ Phone _____
 Trade Name _____ Contact _____
 Account Number _____ Phone _____

Personal Information

Required if proprietor, general partner, personal guarantor, or if in business less than three years. Each individual listed must sign below.

Principal/Guarantor Full Legal Name _____ Residence Phone No. _____
 Residence Address _____ SSN _____
 Street/City/County/State/Zip _____
 Principal/Guarantor Full Legal Name _____ Residence Phone No. _____
 Residence Address _____ SSN _____
 Street/City/County/State/Zip _____

Acknowledgement and Authorization

The undersigned verifies the accuracy of all of the information contained in this application and authorizes Xtreme Financial and its designees and assigns to obtain additional information from credit bureaus concerning the undersigned's business and/or personal credit standing (which may include personal credit bureau reports). The undersigned certifies that this application is for business purposes and not for personal, family or household purposes.

Signature X _____ Print Name _____ Date _____
 Signature X _____ Print Name _____ Date _____

Equal Credit Opportunity Act ("ECOA") Notice
Note: 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 our ECOA Compliance Representative at 1714 W. Bonanza Rd., Las Vegas, NV 89106, 702-636-9336, within 60 days from the date you are notified of your denial. Within 30 days of receiving your request we will send you a written statement specifying the reasons for the denial. 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 that 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 the creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.