

**Credit Application**

**BUSINESS INFORMATION**

CHECK ONE:  Corporation  Limited liability  Partnership  Proprietorship Federal tax ID# \_\_\_\_\_  
 Full legal name \_\_\_\_\_ Trade name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_ Email \_\_\_\_\_  
 Year inc. \_\_\_\_\_ State inc. \_\_\_\_\_ Number of employees \_\_\_\_\_ Annual sales \$ \_\_\_\_\_  
 Do you own this location?  Yes  No If no, landlord name \_\_\_\_\_ Phone \_\_\_\_\_  
 If gas station, average # gallons pumped per month \_\_\_\_\_ Do you own other locations?  Yes  No If yes, how many? \_\_\_\_\_  
 Other profit centers  carwash  QSR  other \_\_\_\_\_

**PRINCIPAL INFORMATION (#1)**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Years as owner \_\_\_\_\_ Your % ownership \_\_\_\_\_ E-mail \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  Rent  Own home Number of years \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PRINCIPAL INFORMATION (#2)**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Years as owner \_\_\_\_\_ Your % ownership \_\_\_\_\_ E-mail \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  Rent  Own home Number of years \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**BANK REFERENCE (business account)**

Bank \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_  
 Account # \_\_\_\_\_ To ensure 24-hour response, please attach your last 2 months' corporate statements

**LEASE/LOAN REFERENCE (largest obligation)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_  
 Account # \_\_\_\_\_ Original amount of lease/loan \$ \_\_\_\_\_

**TRADE REFERENCE (largest suppliers)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_

**EQUIPMENT & EQUIPMENT CREDIT LINE INFORMATION**

Equipment description \_\_\_\_\_ Equipment location \_\_\_\_\_  
 Approximate cost \$ \_\_\_\_\_ When do you need the equipment?  ASAP  Other \_\_\_\_\_  
 I am interested in an additional equipment credit line of  \$25,000  \$50,000  \$100,000  Other \$ \_\_\_\_\_

I have enclosed a copy of principals' driver's licenses with this application.

I hereby authorize my bank(s), creditors, and suppliers to release to Butler Capital all information requested for its credit investigation. I certify that all information supplied is current and correct.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**LEGAL DISCLOSURES**

Above terms may/may not include sales/use tax. 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: Legal Dept., Butler Capital Corp., PO Box 677, Hunt Valley, MD 21030-0677, 410-771-9600, within 60 days from the date you are notified of our decision. Butler Capital 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, or age (provided the applicant has the capacity to enter into a binding contract); or 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 credit is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20850.

**QUESTIONS? PHONE 800-928-8537 FAX 410-771-0898**

**Personal Financial Statement**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**ASSETS**

**Checking/ savings/ CD/ money market** (Indicate IRAs or Keoghs with asterisk \*)

Copies of most recent bank statements attached

On deposit at	Phone #	Account # and type	Current balance
1. _____	_____	_____	\$ _____
		<input type="checkbox"/> Check <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> MM	
2. _____	_____	_____	\$ _____
		<input type="checkbox"/> Check <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> MM	
3. _____	_____	_____	\$ _____
		<input type="checkbox"/> Check <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> MM	

**Stocks/ bonds/ mutual funds** (listed)

	Number of shares	Market value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

**Residence** (address)

	Purchase price	Market value
1. _____	\$ _____	\$ _____
Titled to _____	Purchase date _____	

**Other real estate** (address)

	Your ownership %	Purchase date	Purchase price	Market value
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____

**Other assets** (insurance/ automobile/ accounts or notes receivable/ other businesses owned)

	Your ownership %	Market value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
<b>TOTAL ASSETS</b>		\$ _____

# Personal Financial Statement (continued)

Name \_\_\_\_\_ Date \_\_\_\_\_

## DEBT SCHEDULE (Include all obligations of your own and co-applicant over \$500)

	Balance	Monthly payment
<b>Auto loans</b>		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
<b>Revolving credit lines/ credit cards</b>		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
<b>Mortgage/ home equity loans</b>		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
<b>Other debts/ liabilities/ tax liens/ judgments</b> (If deferred, indicate when payments begin)		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____

**IMPORTANT**  
 Is there any debt or other financial obligation you have now OR expect to have in the next 12 months that is not listed on this form, OR are you a guarantor or co-signer for others?  
 Yes  No If "Yes" please attach an explanation.  
 In the past 10 years, have you filed for bankruptcy?  
 Yes  No If "Yes" please attach an explanation.

**TOTAL DEBTS** \$ \_\_\_\_\_

**NET WORTH** \$ \_\_\_\_\_  
 (assets minus debts)

PERSONAL DATA	CO-APPLICANT DATA
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Social Security # _____ Date of birth _____	Social Security # _____ Date of birth _____
Employer _____	Employer _____
Contact _____	Contact _____
Work phone _____	Work phone _____
Position _____	Position _____
Number of years _____ Salary \$ _____ /mo.	Number of years _____ Salary \$ _____ /mo.

Other income (personal)	Other income (co-applicant)
Explain source _____	Explain source _____
Monthly gross \$ _____ Monthly net \$ _____	Monthly gross \$ _____ Monthly net \$ _____

We provide this statement to obtain business credit from Butler, directly or as guarantors; understand that Butler will rely on it to extend credit; represent and warrant it to be true and complete; and authorize all inquiries Butler deems necessary to verify its accuracy.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**Toll free phone 800-928-8537 • Fax 410-771-0898 • E-mail [c&g@butlercapital.com](mailto:c&g@butlercapital.com) • Web [www.ButlerCapital.com](http://www.ButlerCapital.com)**