

Spike's Rig Sales

Toll-Free: 888-204-3907
Application Fax: 814-676-0378

_____ Phone _____ - _____ - _____ Fax _____ - _____ - _____
Full Legal Company Name

Address: _____ Mobile _____ - _____ - _____ Years in Business _____

City/State/ZIP: _____ E-mail: _____

Business Nature: _____ Specify Any Other Business Name _____

Type of Business (✓ One): Corporation Partnership Sole Proprietorship Municipality LLC

Fed ID _____ - _____ Date Incorporated: ____/____/____ State of Inc: _____

OFFICERS/OWNERS/PARTNERS				Has any Owner filed bankruptcy in last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name	Title	%	Soc. Sec. #	Home Address	

Bank References – Account Number(s) required

Bank Name	Ck/Sav/CD/Loan	Contact Name	Acct. #'s	Telephone	Fax

Trade References

Company Name	Contact Name	Acct. #	Telephone	Fax

Insurance Agent Name _____ Contact _____

Address _____ Tele _____ Fax _____

The undersigned authorizes all parties contacted to release credit and financial information requested by National Business Capital and/or their assigns and designees to investigate all credit information, including but not limited to consumer credit reports, bank and trade references and account information for purposes of processing this application.
ALL OWNERS MUST SIGN.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

PLEASE TYPE OR PRINT CLEARLY FAX TO 814-676-0378