

Credit Application

Upon Completion Fax To: (502) 458-0390

Sales Information

* Name of Sales Person: Michael J. Overstreet – Vending Systems Inc.

- * Amount of Credit Requested:
- \$1-\$5,000
 - \$5,001-\$25,000
 - \$25,001+

Business Information

- * Current Finance Customer:
- Current Customer
 - Past Customer
 - New Customer

Finance Customer Number:

- *Type of Business:
- Individual
 - Proprietorship
 - Corporation
 - Other

- *Years in Vending:
- Not in Vending
 - New Vendor
 - 1-2 years
 - 3-4 years
 - 5+ years

Number of Routes: Number of Locations:
Number of Machines: Annual Vending Sales:

Customer Name (Legal):

*First Name:

*Middle Initial:

*Last Name:

*Business or DBA Name: *If none, enter "None".

*Business Address Line 1:

Business Address Line 2:

*City:

*State/Province:

*Zip/Postal:

*Country:

*Business Phone: - -

*Mobile Phone/Alternate: - -

Business Fax: - -

Owner/Authorized Signer 1:

*First Name:

*Last Name:

*Social Security Number: - -

Owner/Authorized Signer 2:

First Name:

Last Name:

Social Security Number: - -

Credit Information

Number of Years at Address: Home Owner Renter

Same as business address: Yes No

Address Line 1:

Address Line 2:

City:

State/Province:

Zip/Postal:

Country:

Phone: - -

Nearest Relative not living with Customer:

First Name:

Last Name:

Relationship:

Phone: - -

Employment Information

*Employed Outside of Vending? Yes No

Employer 1

Employer: Salary:

Position: Years Employed:

Phone: - -

Employer 2

Employer:	<input type="text"/>	Salary:	<input type="text"/>
Position:	<input type="text"/>	Years Employed:	<input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>		

Trade References

Company Name:	<input type="text"/>	Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Account:	<input type="text"/>		
Company Name:	<input type="text"/>	Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Account:	<input type="text"/>		
Company Name:	<input type="text"/>	Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Account:	<input type="text"/>		

Important Notice

For purchases over \$25,000 we will require the submittal of, 1) last year's tax returns and/or 2) current year to date Profit & Loss statement. Upon completion of all required fields (indicated by *) please fax this credit application to us at 502-458-0390.

I understand that Wittern Financial Services and Vending Systems Incorporated are relying on this information in extending credit and I warrant it to be true. I hereby authorize Wittern Financial Services and Vending Systems Incorporated or any bank/and or trade bureau or other investigative agencies employed by Wittern Financial Services or Vending Systems Incorporated to investigate the references herein listed or other data obtained from me or any other person pertaining to my credit and financial responsibility. The undersigned authorizes all parties contacted to release credit information requested, or its successors or assigns.

Please indicate your consent to the above terms by marking an 'x' in the "I Agree" checkbox below. By providing your consent, you also confirm that you are able to access all of the disclosures, records, and other information provided to you in electronic form.

If you have any questions about this notice, please contact us at 502-314-5490 or email: Michael.Overstreet@vendingsystemsinc.com

I Agree

*Print Name:	<input type="text"/>
*Signature:	<input type="text"/>
*Date of Signature:	<input type="text"/>
Email Address:	<input type="text"/>