

**GENERAL INFORMATION:** *Please print or type*

Applicant Name \_\_\_\_\_ Trade Name (if different) \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Business Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

Description of Business \_\_\_\_\_ Business Start Date \_\_\_\_\_ Time as Current Owner \_\_\_\_\_

Type of Business:  Corporation  Limited Liability Co  General Partnership  Limited Partnership  Sole Proprietor  Government Entity  Other

Has the business or any principal ever declared Bankruptcy?  Yes  No Are there any outstanding liens or judgments?  Yes  No

If yes, date filed \_\_\_\_\_ Federal ID Number \_\_\_\_\_

Do you require Purchase Orders on all invoices?  Yes  No *If yes, goods or services will not be provided until a valid purchase order number is provided*

Sales Tax Exempt?  Yes  No *If yes please attach a copy of exemption certificate. Tax will be charged on all invoices unless an acceptable tax certificate is provided. Deductions for tax will not be allowed without an acceptable tax exemption certificate.*

**FINANCIAL AND REFERENCE INFORMATION:** *Additional financial information may be requested and required for over \$250,000*

References	Phone #	Contact Name	Account #	Average Balance
Primary Bank (Checking Account Specific)				
Additional (Bank/Trade/Equipment Rental/Bonding)				
1)				
2)				
3)				

Insurance Company \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

**OWNERSHIP INFORMATION:** *Provide a copy of government issued ID for all owners completing this section*

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ % of Ownership: \_\_\_\_\_ Net Worth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Annual Income: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ % of Ownership: \_\_\_\_\_ Net Worth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Annual Income: \_\_\_\_\_

*For more than two owners, complete additional OWNERSHIP section and sign and submit with this application*

**SIGNATURE OF OWNER/PRINCIPAL OR AUTHORIZED OFFICER/PARTNER**

NOTICE: Applicant and each other person signing below warrants that the information provided herein or in connection with this application is true and correct and authorizes the release of such information to any party who may provide credit to applicant, whether herein or pursuant to a subsequent application or request, to obtain from banks, credit bureaus and other creditors all of which are hereby authorized to release, any credit/financial information concerning applicant or such other person (including personal credit bureaus) as such party may deem appropriate, and to share all such information with the other. Applicant acknowledges that any credit extended is for business purposes only (including sole proprietorships) and credit provided in connection with this credit application may not be used to acquire equipment or services for personal, household or family purposes. Applicants acknowledge that they have read and fully understand the terms in conditions contained in this application.



Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

NOTICE: If your application for business credit is denied, you have the right to a written statement of the specified reasons for the denial. To obtain the statement, please contact: HOLT CAT Financial Services Dept... 5665 S.E. Loop 410, San Antonio TX 78222 within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial with in 30 days from receiving your request. 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 (providing 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 Lender is the FTC Regional Office for the region in which the Lender operates or the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.