



Walker and Associates
7129 Old US Hwy 52 N.
Welcome, NC 27374
1-800-925-5371
336-731-3089 fax

BUSINESS INFORMATION BUSINESS CREDIT APPLICATION

Legal Company Name Type of Business
Address City State Zip
Equipment Location (if different) Years in Business
Company Phone Fax Business Structure: Corp. Partnership Proprietor LLC
State of Organization / Incorporation Federal ID # Website
Contact Person Phone Email

EQUIPMENT / FINANCE INFORMATION

Walker Sales Rep Requested Term: 24, 36, 48, 60 Months (Circle One) Other Finance or Lease
Equipment Cost \$ New Used / Approximate age of equipment:

PRINCIPAL INFORMATION

Name Title % Owned Phone #
Home Address Social Security #
Name Title % Owned Phone #
Home Address Social Security #

BANK REFERENCES - Depository, Commercial Loans, and Lines of Credit

Bank Name 1 Branch Location Officer
Phone # Account # Type of Account
Bank Name 2 Branch Location Officer
Phone # Account # Type of Account

TRADE REFERENCES

Name of Supplier Phone # Contact
Name of Supplier Phone # Contact
Insurance Name Phone # Contact
Landlord Phone # Contact

SIGNATURES

By Signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of it obligations, provides written instruction to Tel-Net Capital or it designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining bank & trade information for considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. I understand that by providing our company's phone/fax numbers, I consent to receive all phone/fax communications sent by or on behalf of Tel-Net Capital. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

AUTHORIZED SIGNATURE: X TITLE: DATE:
AUTHORIZED SIGNATURE: X TITLE: DATE:

Fax completed application to 336-731-3089



Your Walker Finance Account Rep is
Dan Kuebler
1-800-472-1746 EXT.5288
dan.kuebler@walkerfirst.com