



# Odyssey Equipment Financing Company

Scottsdale, AZ 85258

## CREDIT APPLICATION

Ph: (480) 459-9312 Fax: (480) 985-4338

Toll Free: (888) 607-6800

Salesperson: George Corfield

Legal Name of Business					Contact:				
Mailing/Business Address, City, State, Zip					Phone # ( )				
Equipment Location (if different)				County		Fax # ( )			
Type of Business			Federal ID #		Time in Business: (under current ownership) _____ yrs _____ mo.		Cell Phone# ( )		
<input type="checkbox"/> Prop.	<input type="checkbox"/> Prtnrshp.	<input type="checkbox"/> Corp.	<input type="checkbox"/> LLC	State Registered in:		Date:		Email Address	
Principal/Officer/Partner			Title	% Owner	Social Security		Home Address, City, State, Zip		Own or Rent?
Business Bank (Need 2 yr History)			How Long	Telephone #		Account #		Contact	
Bank				( )					
Business Loan(s) (if any)				( )		Loan Amt.(s)			
Trade References (Not C.O.D's)			How Long	Telephone #		Account #		Contact	
				( )					
				( )					
				( )					
Landlord (business location):									
Equipment Leases/Loans			How Long	Telephone #		Account #		Loan or Lse. Amt.	
				( )					
Equipment Supplier: (if Known)				City, State:		Contact name:		Phone # ( )	
Type of Equipment							Total Equip. Cost \$		
Lease / Contract Term	Residual	New	Used	Recond.					

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Odyssey Equipment Financing Company, its designee, assigns, or potential assigns, to review his/ her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

BY: \_\_\_\_\_  
Customer's Signature (Title)

\_\_\_\_\_   
Print Name

BY: \_\_\_\_\_  
Customer's Signature (Title)

\_\_\_\_\_   
Print Name