

# RER Capital Funding *Credit Application*

## SUPPLIER INFORMATION

VENDOR NAME

CONTACT

PHONE

FAX

LEGAL COMPANY NAME

ADDRESS

COUNTY

CITY

STATE

ZIP

Company Phone

Fax

FED. TAX I.D. #

CONTACT PERSON

TYPE OF BUSINESS

CORPORATION

PROPRIETORSHIP

PARTNERSHIP

# OF YEARS IN BUSINESS UNDER CURRENT OWNERSHIP

# OF EMPLOYEES

DESCRIPTION OF BUSINESS

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

STATE

ZIP

## EQUIPMENT & LEASE INFORMATION

DESCRIPTION OF PRODUCT

PRODUCT COST

## PERSONAL DATA

NAME

HOME ADDRESS

CELL NUMBER

CITY

STATE

ZIP

SOCIAL SECURITY #

TITLE

% OWNERSHIP

E-MAIL ADDRESS

NAME

HOME ADDRESS

CELL NUMBER

CITY

STATE

ZIP

SOCIAL SECURITY #

TITLE

% OWNERSHIP

E-MAIL ADDRESS

By signing below, the individual submitting this form, recognizing that his/her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

I hereby authorize our banks, trade references, and financial institutions the right to release credit information over the phone.

DATE \_\_\_\_\_

**X**

\_\_\_\_\_  
*signature*

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