

PARTNERSHIPS MUST FILL OUT THIS PAGE

NAME OF PARTNERSHIP: _____

BUSINESS ADDRESS: _____

_____ PHONE NUMBER: (____) ____ - ____

GENERAL OR LIMITED PARTNERSHIP: _____

EMPLOYER I.D. NUMBER: _____ NUMBER OF YEARS IN BUSINESS: _____

LIST NAMES, ADDRESSES AND PHONE NUMBERS OF ALL PARTNERS. IF A LIMITED PARTNER, SO INDICATE.

NAME: _____

ADDRESS: _____

PHONE NUMBER (____) ____ - ____

SOCIAL SECURITY NO.: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER (____) ____ - ____

SOCIAL SECURITY NO.: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER (____) ____ - ____

SOCIAL SECURITY NO.: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER (____) ____ - ____

SOCIAL SECURITY NO.: _____

ARE THERE ANY UNSATISFIED JUDGEMENTS AGAINST YOU? YES _____ NO _____

HAVE YOU EVER DELCLARED BANKRUPTCY? YES _____ NO _____

REQUEST FOR CREDIT:

WHAT IS THE ESTIMATED COST OF THE PROJECT? \$ _____

HOW MUCH CREDIT ARE YOU REQUESTING? \$ _____

DO YOU PLAN TO GET A BANK LOAN? _____

IF YES, NAME OF BANK _____

NAME OF LOAN OFFICER _____

PHONE NUMBER OF LOAN OFFICER (____) ____ - ____