



CMP Financial Services

1719 Route 10 East, Ste. 306, Parsippany, NJ 07054
Phone (973) 292-0025 Fax (973) 292-0019 DC

CUSTOMER CREDIT INFORMATION

Legal Company Name: _____ Years in Business: _____ Term: _____
 Address: _____ State of Incorp.: _____ Lease Option: _____
 Phone: _____ Federal Tax ID#: _____
 Fax: _____ EQUIP LOCATION Add: _____
 Contact: _____ (If different than above) _____
 E-mail Address: _____ COUNTY: _____
 Location Contact: _____

BUSINESS OWNERSHIP

Name: _____ Home Address: _____
 Social Security #: _____
 Ownership %: _____ Home Phone: _____

Name: _____ Home Address: _____
 Social Security #: _____
 Ownership %: _____ Home Phone: _____
 List Others Separately: _____

BANK REFERENCE

Name: _____ Contact: _____
 Address: _____
 Phone: _____ Checking Acct # _____
 Fax: _____ Savings Acct # _____
 Loan Acct # _____

TRADE REFERENCES

Company Name: _____ Contact: _____
 Address: _____ Phone: _____
 Account Number: _____ Fax: _____

Company Name: _____ Contact: _____
 Address: _____ Phone: _____
 Account Number: _____ Fax: _____

Company Name: _____ Contact: _____
 Address: _____ Phone: _____
 Account Number: _____ Fax: _____

I/We hereby authorize the release of any and all credit information from the above listed references, and certify that all is true and correct to the best of my/our knowledge. The undersigned individual(s), recognizing that his/her/their individual credit histories may be a factor in the evaluation of the credit applicant, hereby consent(s) to and authorizes(s) the credit provider 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 the Fair Credit Reporting Act in the absence of this continuing consent. Additionally, in the event an approval is rendered whereby documentation is not returned within thirty (30) days of document delivery, you are hereby authorizing a processing and credit approval payment in the amount of \$175.00.

Signature _____ Title _____ Date _____ Signature _____ Title _____ Date _____