

## **CREDIT APPLICATION**

Please Complete and FAX to:(515) 271-8402 or email to credit@wittern.com

## **Sales Information**

Name of your Salesperson: (If you do not have a sale	s person enter "None")				<u>.</u>
Amount of Credit Requested (check one): □\$0	- \$5000 □\$5,0	00 - \$25,000	□ \$25,000+		
Type of Business (Check One): ☐ Individual ☐ Pro	oprietorship   Corp	Other:		<u>.</u>	
Years in Vending: ☐ Not in Vending ☐ New V	endor 🗆 1-2 yrs. [	☐ 3-4 yrs. ☐ 5+	yrs.		
Number of Routes: Number of Locations: _	Number of Machine	es: Annual	Vending Sales:		<u>.</u>
Business Name (Legal):		D/B/A Name (if a	ny)		<del>.</del>
Business/Customer Address 1:	City:		State:	Zip:	<u>.</u>
Business/Customer Phone:	Cell/Alternate F	Phone:		Fax #:	<u>.</u>
-mail Address:	<u>.</u>				
Owner/Authorized Signer 1 Name (Print):		Social Sec	urity No:		<u>.</u>
Owner/Authorized Signer 2 Name (Print):		Social Sec	urity No:		<u>.</u>
	Credit In	<u>formation</u>			
Check One: ☐ Home Owner ☐ Re	nter <b>N</b> ur	nber or Years at	address:	<u>.</u>	
Home Address 1: C	City:	State:	Zip Code:		Country Code:
Home Address 2: C	Sity:	State:	Zip Code:		Country Code:
Home Phone: Cell P	hone:	Paç	ger #:		<u>.</u>
Nearest Relative not Living with Customer:	Re	lationship:		Phone #	
Emp	oloyed Outside Vending	Business: 🗆 `	Yes □ No		
	ation (If employed outsi			han one year)	
lame of Employer of Signer 1:					<u>.</u>
Position: Phone #:					
Name of Employer of Signer 2: Position: Phone #:					<u>.</u>
r none #.		formation	<u> </u>		
Name:		e #:		Account #:_	
Name:	Phor			Account #:	
Name:		e #:			
For purchases over \$25,000 we will require the submittal o					ase feel free to fax this
nformation to our secure fax line 515-271-8402 or email at	. ,	,,			
understand that Wittern Financial Services is relying on the Services may, in its sole discretion, refer and assign this apprace bureau or other investigative agencies employed by bertaining to my credit and financial responsibility. The uncompared to the service of the servi	oplication to a third-party fin WFS or its assigns to invest	ancing entity of its or igate the reference:	choice for financin s herein listed or o	g. I hereby authorizother data obtained	e WFS or any bank/ and or from me or any other perso
Signature (Position of Sig	ner) Signa	ature	(Position of	Signer) [	Date
Nittern Financial Services hereby assigns this Cred	lit Application to		, on this _	day of	20
2:			/*	:	<u>.</u>
Signature (Assign	or) Signatur	е	(As	ssignee)	