



**Wittern Financial Services  
Personal Credit Application – Short Form**

TEL: 515.271.8384 FAX: 515.274.5180

Sales Person's Name: Todd Carber

First and Last Name (as it appears on DL): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Type of Business, mark with 'X':

Corp \_\_\_\_\_ LLC \_\_\_\_\_ Sole Prop \_\_\_\_\_ Partnership \_\_\_\_\_ Non Profit \_\_\_\_\_ Other \_\_\_\_\_ N/A \_\_\_\_\_

Years in Business: \_\_\_\_\_ Annual Sales: \_\_\_\_\_ FEIN#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Ph#: \_\_\_\_\_ Annual Salary: \_\_\_\_\_ Years Employed: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT – PLEASE READ BEFORE SIGNING**

I understand that Wittern Financial Services is relying on this information in extending credit and I warrant it to be true. I hereby authorize Wittern Financial Services or any bank/and or trade bureau or other investigative agencies employed by Wittern Financial Services to investigate the references herein listed or other data obtained from me or any other person pertaining to my credit and financial responsibility. The undersigned authorizes all parties contacted to release credit information requested, or its successors or assigns.

For purchases over \$25,000 WFS will require the submittal of 1) Last year's tax returns and/or 2) Current year to date Profit and Loss Statement. If you have any questions, please contact WFS at 1-800-236-2929.