



**RF TECHNOLOGIES<sup>®</sup>**  
FINANCIAL SERVICES

**Credit Application**

7808 CreekrIDGE Circle, Suite 250 • Edina, MN 55439 • Phone: 877-996-0270 • Fax: 952-826-7861

**BUSINESS INFORMATION**

LEGAL NAME OF BUSINESS:			BUSINESS CONTACT:		
STREET ADDRESS:	CITY:	STATE:	ZIP:	COUNTY:	
PHONE:	FAX:		EMAIL:		
DESCRIPTION OF BUSINESS:			WEBSITE:		
YEARS IN BUSINESS/DATE INCORPORATED:	STATE INCORPORATED:		FEDERAL TAX ID NUMBER:		
TYPE OF BUSINESS: <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		PUBLICLY HELD? <input type="checkbox"/> Yes <input type="checkbox"/> No	STOCK SYMBOL:		

**PRINCIPAL INFORMATION**

NAME:		OWNERSHIP %:	NAME:		OWNERSHIP %:
HOME ADDRESS:			HOME ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
SOCIAL SECURITY NUMBER:	PROVIDING A GUARANTEE? <input type="checkbox"/> Yes <input type="checkbox"/> No		SOCIAL SECURITY NUMBER:	PROVIDING A GUARANTEE? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EQUIPMENT INFORMATION**

EQUIPMENT TYPE/MODEL:			VENDOR:		
LOCATION ADDRESS:	CITY:	STATE:	ZIP:	COUNTY:	
VENDOR SALES REPRESENTATIVE:			VENDOR CONTACT PHONE:		
EQUIPMENT PRICE (W/O TAX):			CONTRACT TERM:		

**ACKNOWLEDGEMENT**

By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligation, provides written instruction to RF Technologies Financial Services or its designee (and any assignee or potential assignee thereof) authorizing your banks, trade references, and other financial institutions to release credit information to RF Technologies Financial Services and review of your personal credit profile from a national credit bureau as required. Such authorization shall extend to obtaining a credit profile in considering this application subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the application received. You also represent that the information you have provided is true and accurate.

BUSINESS NAME: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

**Please email completed application to: Hillary Whannell  
hwhannell@vendorservicesgroup.com**