



SCOTT ALDRIDGE
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SECTION A APPLICANT INFORMATION

Please type or print clearly

Complete Legal Name _____
 Street Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
 Phone # _____ Fax # _____ Cell # _____
 E-mail Address _____ Company Website _____ County _____
 Date Present Business Started _____ No. of Employees _____ Principle Business Activity _____

Type of Business
 (Check One)

_____ Corporation – Date of Incorporation _____	_____ Partnership	_____ General	_____ Sole Proprietorship
State of Incorporation _____	Federal Tax ID # _____	In “Good Standing”? _____	

Management or Owners of the Business: US Citizen (Yes) (No)		Social Security #	Title	Ownership %
1. _____	_____	_____	_____	_____ %
Address _____	City _____	State _____	Zip _____	
Home Phone #: _____	Cell #: _____			
2. _____	_____	_____	_____	_____ %
Address _____	City _____	State _____	Zip _____	
Home Phone #: _____	Cell #: _____			

SECTION B CREDIT INFORMATION

REFERENCES – List full Name and Address of Major Suppliers, Banks and Insurance Agent Information:

1. NAME: _____
 Phone #: _____ Fax #: _____
 Contact: _____ Acct#: _____

4. NAME: _____
 Phone #: _____ Fax #: _____
 Contact: _____ Acct#: _____

2. NAME: _____
 Phone #: _____ Fax #: _____
 Contact: _____ Acct#: _____

***INSURANCE AGENT INFORMATION:
NAME: _____
Phone #: _____ Fax #: _____
Contact: _____ Policy #: _____
State your Liability Coverage: _____

3. NAME: _____
 Phone #: _____ Fax #: _____
 Contact: _____ Acct#: _____

1. BANK: _____
 Phone #: _____ Fax #: _____
 Contact: _____ Acct#: _____

Checking Account #: _____
 Loan #: _____
 Loan Balance \$ _____

2. BANK: _____
 Phone #: _____ Fax #: _____
 Contact: _____ Acct#: _____

Checking Account #: _____
 Loan #: _____
 Loan Balance \$ _____

SECTION C SIGNATURES

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to TWF Fleet & Financial Services or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional 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 above application.

X _____
 Applicant Signature Date

X _____
 Applicant Signature Date