

CREDIT APPLICATION

Please return to: info@dnsfsa.com

Business Legal Name		Telephone #	Fax #		Years in Business
Address		City	State	Zip Code	Top Customers: #1
Business Type <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> DBA/Sole Proprietor			Federal Tax ID		____ % Of Business ____ Yrs As Customer
Gross Annual Revenue	# Employees	Website			#2
Primary Contact Name		Primary Contact Phone	Email Address		____ % Of Business ____ Yrs As Customer
					Do You Own The Building Your Business Is Located? ____ Yes ____ No If No, The Landlord Is :

OWNERSHIP INFORMATION

Owner 1 Full Legal Name	Telephone #	Date of Birth	Social Security #	% Owner	Title
Owner 1 Home Address	City	State	Zip Code	Years of Industry Experience	
Owner 2 Full Legal Name	Telephone #	Date of Birth	Social Security #	% Owner	Title
Owner 2 Home Address	City	State	Zip Code	Years of Industry Experience	
Owner 3 Full Legal Name	Telephone #	Date of Birth	Social Security #	% Owner	Title
Owner 3 Home Address	City	State	Zip Code	Years of Industry Experience	

Owner 1 Signature

Owner 2 Signature

Owner 3 Signature

Date

Date

Date

ECOA NOTICE TO BE RETAINED BY APPLICANT

AUTHORIZATION: Thank you for your business credit application. **If more than one person signs below, it is the intention of the undersigned to apply for joint credit.** We will review it carefully and get back to you promptly. By submitting or signing this application, you certify that the information provided in this credit application is accurate and complete and you authorize DNS Financial Services America, its successors and/or assigns to obtain information from the references listed and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. The individual signing or submitting this application further waives any right or claim, which such individual would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent. If your application for business credit is denied, you have the right to a written Statement of the specific reasons for the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, gender, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington, D.C. 20006.

For questions, please contact:

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