



**MOBILE STORAGE**

Containers • Offices • Trailers

## Commercial Credit Application

Name of Business \_\_\_\_\_  
Date Company Established \_\_\_\_\_ Incorporated? Yes \_\_\_ No \_\_\_  
Legal name of Corporation (if different) \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Fax # ( \_\_\_\_\_ ) \_\_\_\_\_  
Website \_\_\_\_\_  
Main Email \_\_\_\_\_ A/P Email \_\_\_\_\_

Are you currently under Chapter 11 Bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have any liens, judgments, or suits pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Owner (s), Partners, or Officers:

1. Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

If More, please provide an attached sheet

### Bank Reference:

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Account Number \_\_\_\_\_ Bank Officer \_\_\_\_\_

### Credit Card Information:

Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Card Billing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Per company policy, we are required to store a credit card on file. If the account is more than 90 days past due, this card will be charge for the past due amount.

**Trade References:**

- 1. Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_
- 2. Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_
- 3. Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_
- 4. Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_

Do you require Purchase Orders? Yes \_\_\_\_\_ No \_\_\_\_\_

Who is authorized to make purchases?

- 1. Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_
- 2. Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_
- 3. Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_
- 4. Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

I (we) are seeking to establish credit with Fincham Inc, and hereby authorize you to supply the requested information. I (we) understand that the terms of credit are: Due on receipt of invoice, net 30 days. All invoices not paid within 30 days are assessed an interest charge.

Signed \_\_\_\_\_  
Print Name \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Please fax or email this back to us... (505) 821-7243 or office@finchammobilestorage.com \*\*\*