

# CREDIT APPLICATION

Please return to: [CCorsi@Highlandcc.com](mailto:CCorsi@Highlandcc.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		Do You Own The Building Your Business Is Located? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, The Landlord Is:
					_____% Of Business ____ Yrs As Customer

## 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	

**ECOA NOTICE TO BE RETAINED BY APPLICANT**

**AUTHORIZATION:** . Thank you for your business credit application. 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 Highland Capital Corporation, 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.

\_\_\_\_\_  
Owner 1 Signature

\_\_\_\_\_  
Owner 2 Signature

\_\_\_\_\_  
Owner 3 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date