

CREDIT APPLICATION

Great Atlantic Capital Corporation

411 Hackensack Avenue
Hackensack, NJ 07601
201-883-1711 Phone
201-883-1722 Fax

COMPANY

LEGAL NAME		DBA			
STREET ADDRESS		CITY	STATE	ZIP	YEARS THERE
COMPANY START DATE	DATE UNDER CURRENT MGMT.	FISCAL YEAR END	BUSINESS PHONE		BUSINESS FAX
ANNUAL GROSS SALES	NUMBER OF EE'S	TYPE OF BUSINESS (NICHE)		FEDERAL TAX ID	
MONTHLY RENT	LANDLORD	CITY	STATE	ZIP	PHONE

PRINCIPAL/APPLICANT

FIRST NAME MIDDLE LAST			DATE OF BIRTH		SOCIAL SECURITY NO.	
HOME ADDRESS			CITY	STATE	ZIP	YEARS THERE
HOME PHONE NO.	JOB TITLE	SALARY/DRAW	YEARS THERE		% OF OWNERSHIP	
ACTIVE IN DAILY MGMT. <input type="checkbox"/> YES <input type="checkbox"/> NO						

PRINCIPAL/APPLICANT

FIRST NAME MIDDLE LAST			DATE OF BIRTH		SOCIAL SECURITY NO.	
HOME ADDRESS			CITY	STATE	ZIP	YEARS THERE
HOME PHONE NO.	JOB TITLE	SALARY/DRAW	YEARS THERE		% OF OWNERSHIP	
ACTIVE IN DAILY MGMT. <input type="checkbox"/> YES <input type="checkbox"/> NO						

BANK REFERENCE

BANK NAME AND ADDRESS		CHECKING ACCT #	PHONE NO.	CONTACT
LOAN ACCOUNT #			LINE OF CREDIT ACCOUNT #	

EQUIPMENT LOANS/LEASES

EQUIPMENT	LENDER/LESSOR	DATE ACQUIRED	COST	MONTHLY PMT	MATURITY DATE

TRADE REFERENCES

COMPANY NAME	CITY	STATE	ACCOUNT #	PHONE NO.	CONTACT

I/we acknowledge that I/we have made this application with the intent that you rely upon the information contained herein for granting the credit requested. I/we affirm that my/our answers are complete and true and authorize you to verify or obtain any information concerning them. I/we also agree to provide current financial information upon request, in a form acceptable to you. I/we further authorize you to furnish the above information and/or financial information provided to any potential funding source that you may deem necessary to assign and/or broker this transaction.

SIGNATURE OF PRINCIPAL/APPLICANT

PRINCIPAL/APPLICANT SIGNATURE	DATE	CO-APPLICANT/PRINCIPAL'S SIGNATURE	DATE