

Credit Terms Agreement General Financing & Leasing Application Tel. 832-236-7506 - E-Mail. rtazani@gmail.com

Rucinoce	Information
Dusiliess	iiiioiiiauoii

Business Name Business Physical Address		DD4 /D :	D ' ' '			
Business Physical Address	DBA (D		(Doing Business As)			
***		City	State	Zip Code		
Business Billing Address (If different)	Dept. Name/Attn:	City	State	Zip Code		
Business Phone Number	Business Fax Nur	iness Fax Number		EIN Federal Tax ID #		
	())				
Billing Contact Name	Billing Contac	ntact Phone Parent C		Company Name		
Parent Company Address	()	City	State	Zin Codo		
Parent Company Address		City	State	Zip Code		
Year Business Established Number	r of Employees	Dunn & Bradstre	et #	Credit Amount Request		
Turnber	or Employees	Daili & Diaustie		Orodit / imodift (Yequest		
Business Type (select one)	I					
☐ Sole Proprietor ☐ Partnership ☐ Public Scho	ool 🗆 LLC 🗆 Go	overnment Agency	□Non-Profit □	Corporation Private Scho		
				•		
Bank References (If credit requested is greater than \$20,000)						
Bank Name Checking Account Number						
Rank Contact Name		City	Ctot	2		
Bank Contact Name		City	State			
Personal Guaranty (Required for all	Solo Propriotorobio	Dartnerships and	all Corporations in	husiness less than 2 years)		
First Name Middle Initia		Parmerships, and	all Corporations in	Date of Birth		
<u> </u>	Unit Numbe	r City	State	e Zip		
Home Address		1		5 <u>2</u> 19		
Home Address	1					
Home Address Home Phone Number	Social Secu	rity Number	Anni	ual Income		
	Social Secu	rity Number	Annı	'		
	Social Secu	rity Number	Anni	'		
Home Phone Number			Annu sponsible for this account	ual Income Date		
Home Phone Number				ual Income Date		
Home Phone Number	* I agree	to be held personally re-		ual Income Date		
Home Phone Number () Signature Trade References (List companies	* I agree	to be held personally re		ual Income Date		
Home Phone Number () Signature Trade References (List companies	*I agree	to be held personally re	sponsible for this accoun	ual Income Date		
Home Phone Number () Signature Trade References (List companies	*I agree	to be held personally resaccount) Teleph	sponsible for this accoun	Date Fax Number		

-- Continued on Page 2



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Irade References (Contil	nued)			
Business Name	Contact Name	Telephone Number	Fax Number	
Address		City, State, Zip Code, Country		
Business Name	Contact Name	Telephone Number	Fax Number	
Address		City, State, Zip Code, Country		
Is written purchase order req	uired?			
Yes No				
Was your firm previously part Yes No	of another company? If yes, whi	ich company?		
	EndlessPOS.com Credit	Terms Signature Page		
	affiliate of Endless Dreams	3		
	redit information from the		5 (5)	
3	nt with credit terms. I under			
	of obtaining credit. Further		2	
	date of this application. I a	3	_	
	ndebtedness accrued under a Third Party Collection Ag			
	Furthermore, I have read an			
of sale.	artifermore, mave read an	ia agree to the Enaics Di	carris elec. corrations	
or serie.				
Signature				
Title				
riue				
Company				
Date				