



CREDIT APPLICATION



Email completed application, and PG
Inspection Technologies quotation to:
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St. Clair Shores, MI 48080
Phone: 586-778-6800
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BUSINESS INFORMATION

Amount Requested: _____ Equipment: _____ New _____ Used _____ Year: _____ Term Request: _____
Company Name: _____ DBA: _____
Address: _____ City: _____ State: _____ Zip: _____
Company Phone: _____ Years In Business: _____ Fed Tax ID #: _____
Company Website Address: _____ Contact E-mail address: _____
Type of Business: _____ Corporation _____ Partnership _____ Sole-Proprietorship _____ Limited Liability Company
Equipment Delivery Location: _____

Personal Guarantor(s):

(1) Legal Name: _____ Title: _____ Cell Phone _____ % of Ownership: _____
Home Address: _____ City: _____ State: _____ Zip: _____ SS#: _____
(2) Legal Name: _____ Title: _____ Cell Phone _____ % of Ownership: _____
Home Address: _____ City: _____ State: _____ Zip: _____ SS#: _____
(3) Legal Name: _____ Title: _____ Cell Phone _____ % of Ownership: _____
Home Address: _____ City: _____ State: _____ Zip: _____ SS#: _____
(4) Legal Name: _____ Title: _____ Cell Phone _____ % of Ownership: _____
Home Address: _____ City: _____ State: _____ Zip: _____ SS#: _____

List additional principals on a separate sheet, if necessary. Legal Name will need to match what is on Personal Guarantor's Driver's License.

Are there any prior bankruptcies, suits, judgments or tax liens against the company or any of the principals? Yes: _____ or No: _____

Applicant hereby authorizes Complete Capital Services, Inc. ("CCS") and its agents (1) to obtain more credit information about the company and its principals and to make inquiries in connection with this application; (2) To share credit information with CCS affiliates and agents as well as, applicants other creditors, bureaus and persons who have or expect to have financial dealings with the applicant or its principals named above; (3) To share collection information with applicant's other creditors. All the information in this application is true, complete, and correct. The persons signing below on behalf of applicant are authorized to make this application on its behalf and to agree to the foregoing. Each individual signing below authorizes Complete Capital Services, Inc. and or any assignee or funding source which may be utilized to obtain information from references listed above 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.

(1) By: _____ Date: _____ (2) By: _____ Date: _____
(3) By: _____ Date: _____ (4) By: _____ Date: _____