

EMPIRE MERCHANT GROUP

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Fax: 845-207-3577

Pre - Qualification Form

BUSINESS INFORMATION (Minimum 2 years in Business Usually Required)				
Company – Business legal name		Time In Business Under Current Ownership:		FED TAX ID
Business Address		City / County		State Zip
Partnership LLC	Type of Business	State Registered	Business Phone	Business Fax
Proprietorship Corporation				

PRINCIPAL INFORMATION (100% Ownership disclosure required. Principals listed will be required to guaranty lease.)				
1 Name (Full Legal Name)	Title	Ownership %	DOB	Social Security
Present Address				Home Phone Number
2 Name (Full Legal Name)	Title	Ownership %	DOB	Social Security
Home Address				Home Phone Number

Trade References – Two Year History			
Name of Supplier	Contact Person	Telephone Number	Account Number
Name of Supplier	Contact Person	Telephone Number	Account Number

BANK / CHECKING & SAVINGS (If check acct. less than 2 years; provide previous acct. number/bank)				
Bank	Officer	Telephone	Acc Type / Length	Account Number
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EQUIPMENT LOANS/LEASES (Open or Paid)					
Firm Name	Phone	Fax	Acct#	High Credit	How Long

EQUIPMENT INFORMATION			
VENDOR NAME	Contact Person		Telephone Number Account Number
EQUIPMENT DESCRIPTION	COST	NEW USED	WHERE WILL EQUIPMENT BE LOCATED:

The undersigned individual who is either a principal, personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes us or our designee the use of a consumer credit report on the undersigned, from time to time as may be needed, as well as the release of any and all information requested for the purpose of granting business credit. A Photocopy of this release will act as an original. Date of birth is now required by the Patriot Act.

Principal/Guarantor Signature	TITLE	DATE
Principal/Guarantor Signature	TITLE	DATE