

Credit Application



Allstate Capital, LLC
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Deerfield Beach, FL 33442
800-949-0018 Ext. 206
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Contact: Marco Ramazio

Fax back to: 954-725-3325

LESSEE COMPANY INFORMATION

Legal Business Name:		Fed Tax ID:			
Telephone:	Fax:	Email:			
Business Address:		City:	County:	State:	Zip:
Signor:		Title:	Nature of Business:		No. Years in Business:
Type of Business: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC					

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

Name:	Title:	Social Security Number:	% Bus. Owner:	Own/Rent Home:	
Home Address :		City:	State:	Zip:	Home Phone No.:
Name:	Title:	Social Security Number:	% Bus. Owner:	Own/Rent Home:	
Home Address:		City:	State:	Zip:	Home Phone No.:

COMPANY BANK REFERENCES -- TWO YEAR HISTORY

Name of Bank/Branch	How Long?	Chkg Acct #: Loan Acct #:	Telephone No.:	Contact:
Name of Bank/Branch	How Long?	Chkg Acct #: Loan Acct #:	Telephone No.:	Contact:

TRADE REFERENCES -- TWO YEAR HISTORY

Name of Supplier:	City/State:	Telephone No.:	Contact:
Name of Supplier:	City/State:	Telephone No.:	Contact:
Name of Supplier:	City/State:	Telephone No.:	Contact:

VENDOR & EQUIPMENT INFORMATION

Vendor Name: Sport Resource Group, Inc.	Telephone: 612-584-3030	Fax: 612-395-5533	
Vendor Address: 3010 Hennepin Ave South		City: Minneapolis, State: MN Zip: 55405	
Equipment Description:	Equipment Cost:	Term:	Contact: Chris Guertin

By signing below, the undersigned individual who is either a principal of the credit applicant or a guarantor of its obligations, provides this true and correct written instruction to Allstate Capital, LLC, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau and any references as required. Such authorization shall extend to obtaining a credit profile in consideration of the application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and/or for reviewing and collecting the resulting account. I/we agree that the security deposit is not refundable if information is found to be incorrect. Security deposit will be refunded if application is rejected by lessor. A Photostat or facsimile copy of this authorization shall be as valid as the original. By signature below, I/we affirm our identity as the respective individuals identified in the related application. All terms, conditions, rates, and programs are subject to credit approval.

X _____
Signature

Additional Information: