## Greenhouse Financial Services

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55 Madison Ave, Suite 400, MS# 16 Morristown, NJ 07960 Phone (973) 264-1400 Fax (973) 264-1200 Email Brimol@CaptiveConsult.com



| CUSTOMER CREDIT INFORMATION |  |                     |  |  |  |  |  |  |
|-----------------------------|--|---------------------|--|--|--|--|--|--|
| Legal Company<br>Name:      | Years in Business:                               | Term:Lease Option:  |  |  |  |  |  |  |
| Address: City, State Zip:   | State of Incorp.: Equip LOCATION: (If different) | COUNTY:Fed Tax ID#: |  |  |  |  |  |  |
| Fav.                        | Phone: Branch, Parent. If Other, Please explain: |                     |  |  |  |  |  |  |
|                             | Location Contact:                                |                     |  |  |  |  |  |  |
| E-mail Address:             |  |                     |  |  |  |  |  |  |
| BUSINESS OWNERSHIP          |  |                     |  |  |  |  |  |  |
| Name:                       | Home Address:                                    |                     |  |  |  |  |  |  |
| Social Security #:          |  |                     |  |  |  |  |  |  |
|                             | Home Phone:                                      |                     |  |  |  |  |  |  |
|                             |  |                     |  |  |  |  |  |  |
| Social Security #:          |  |                     |  |  |  |  |  |  |
| Ownership %:                | Home Phone:                                      |                     |  |  |  |  |  |  |
| List Others<br>Separately:  |  |                     |  |  |  |  |  |  |
| BANK REFERENCE              |  |                     |  |  |  |  |  |  |
| Name:                       | Contact:   |                     |  |  |  |  |  |  |
| Address:                    |  |                     |  |  |  |  |  |  |
|                             | Checking Acct #                                  |                     |  |  |  |  |  |  |
| Phone:                      | Savings Acct #                                   |                     |  |  |  |  |  |  |
| Fax:                        | Loan Acct #                                      |                     |  |  |  |  |  |  |
| TRADE REFERENCES            |  |                     |  |  |  |  |  |  |
|                             |  |                     |  |  |  |  |  |  |
| Address:                    | Phone:   |                     |  |  |  |  |  |  |
|                             | Fax:   |                     |  |  |  |  |  |  |
| Account Number:             |  |                     |  |  |  |  |  |  |
| Company Name:               | Contact:   |                     |  |  |  |  |  |  |
| Address:                    |  |                     |  |  |  |  |  |  |
|                             | Fax:   |                     |  |  |  |  |  |  |
| Account Number:             |  |                     |  |  |  |  |  |  |
|                             |  |                     |  |  |  |  |  |  |

I/We herby authorize the release of any and all credit information from the above listed references, and certify that all is true and correct to the best of my/our knowledge. The undersigned individual(s), recognizing that his/her/their individual credit histories may be a factor in the evaluation of the credit applicant, hereby consent(s) to and authorizes(s) the credit provider to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

| Signature | Title | Date | Signature | Title | Date |
|-----------|-------|------|-----------|-------|------|