

## Debtor Credit Application

(Please fax completed form to 913-310-2211)

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

AP E-mail Address: \_\_\_\_\_ A/P Contact: \_\_\_\_\_

Date business established: \_\_\_\_\_ # of Employees: \_\_\_\_\_ Pay Terms: \_\_\_\_\_ MC# \_\_\_\_\_

Parent Company/Subsidiaries: \_\_\_\_\_ # of Locations: \_\_\_\_\_

### Principal/Owner Information (Required)

Name	Title	Home Address

RTS Financial Service, Inc. is considering a line of credit facility for your company. We prefer to review audited Financial Statements (Income Statement & Balance Sheet) when establishing a new credit facility.

We will provide Corporate Financial Statements: Yes \_\_\_\_\_ No \_\_\_\_\_ No, but will fill out the following \_\_\_\_\_

Annual Sales/Date: \_\_\_\_\_ Net Income/Date: \_\_\_\_\_ Net Worth/Date: \_\_\_\_\_

Please attach or fill out below if unavailable.

<b>Company Name:</b>	Phone #:
Contact:	Fax #:
<b>Company Name:</b>	Phone #:
Contact:	Fax #:
<b>Company Name:</b>	Phone #:
Contact:	Fax #:

### Banking Reference:

Bank Name:	DDA Account #(s):
Contact:	DDA Balance(s):
Phone #:	Lending Account #(s):
Fax #:	Lending Balance(s):

I hereby authorize the release of credit information and any other inquiry deemed necessary by RTS Financial Service, Inc., or its affiliates for the purpose of business evaluation.

\_\_\_\_\_  
Handwritten Signature (Print as well)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date