



BUSINESS CREDIT APPLICATION

DEALER		LOCATION	
CONTACT		PHONE	FAX

FC-PR-7144 (REV. Nov 09) Previous editions may not be used.

Legal Name: _____ Date of Birth (for Individuals): _____ DBA: _____

Proprietorship
 Corp.
 Sub S
 LLC.
 Partnership
 Other: _____ Tax Exempt Number: _____
 State-issued Organization # (not tax id #): _____ State of Organization or state of legal residence for individuals: _____

SOC SEC # / TAX ID #	Gross Profit (Monthly Income)	Type of Business	Yrs in Business	E-Mail and Website Address
Primary Legal/CEO Address: Street	City	County	State	Zip
Billing Address: Street (if different from above)	City	County	State	Zip
Fleet Manager Name:	Phone #	E-mail Address		
Garage Address: Street	City	County	State	Zip
Phone #	Fax #	Mobile Phone #	Contact Name	
Owner/Guarantor: Name	Title	Address	PH#	Social Security / TN # Date of Birth Ownership %
Owner/Guarantor: Name	Title	Address	PH#	Social Security / TN # Date of Birth Ownership %

Note: Sole Proprietor, Individual Co-Applicant(s) or Individual Guarantor(s) must complete this section

Complete for Individuals only	Individual (First Name, Middle Name, Last Name, Suffix):		Social Security Number	Date of Birth
	Home Phone ()	<input type="checkbox"/> Own Home Outright Buying Home	<input type="checkbox"/> Living with Relatives Leasing/Renting	Lived There ____ Yrs. ____ Mos. ____
	Previous Employer / Business (if less than 2 years)		Address	Driver's License No. & State
				Phone Number ()
	Monthly Income	Secondary Income *	Source	*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
	Mortgage Holder / Landlord (Name & Address)		Mortgage Holder / Landlord Phone ()	Mortgage Payt / Monthly Rent
	Name & Address of applicant's nearest relative not in household		Relationship	Home Phone ()
Name & Address of applicant's non-related personal reference known over one year		Relationship	Home Phone ()	

Please use additional applications if more space is needed for multiple owner, guarantor or applicant information.

Have you previously done business with Ford Motor Credit Company (check one Yes No) or GE Capital Commercial Inc.: Yes No? If yes, Acct #: _____

List other creditors you do business with:

Bank	City & State	Telephone #	Contact	Account #
Trade	City & State	Telephone #	Contact	Account #

IMPORTANT INFORMATION ABOUT ESTABLISHING A RELATIONSHIP WITH FORD CREDIT COMMERCIAL LEASING*

To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify, and record information that identifies each person or business that opens an account or establishes a relationship. What this means for you: when you open an account or establish a relationship, we will ask for your name, street address, date of birth, and identification number, such as a social security number or taxpayer identification number. For businesses, we will ask for the business name, street address and tax identification number. Federal law requires us to obtain this information. We may also ask to see your driver's license or other identifying documents that will allow us to identify you. We appreciate your cooperation. The information given is true and complete. GE Capital Commercial Inc., and its affiliates, dba Ford Credit Commercial Leasing ("FCCL") and Ford Motor Credit Company ("FMCC") may receive from and disclose to other persons, including credit reporting agencies, financial information about Applicant and information about Applicant's account and credit experience and Applicant authorizes any person to release to FCCL and FMCC financial information about Applicant and credit experience and account information on Applicant. In addition, Applicant agrees that FCCL and any of its affiliates my receive from and disclose to FMCC and any of its affiliates, any and all information now or hereafter provided by Applicant to any of the foregoing entities, including without limitation present and future credit applications, financial statements and organizational documents. This shall be continuing authorization for all present and future disclosures of financial information, account information and credit experience on Applicant made by FCCL and/or FMCC, or any person requested to release such information to FCCL and/or FMCC. Applicant and any person signing below each agree that a credit report hearing on Applicant's and/or such other person's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or way of living may be requested in connection with this application and future requests for credit. Upon Applicant's and/or such other person's request, FCCL and/or FMCC, as applicable, will advise Applicant and/or such other persons, as applicable, whether a credit report was requested and if such a report was requested FCCL and/or FMCC, as applicable, will inform Applicant and/or such other person, as applicable, of the name and address of the credit reporting agency that furnished the report. FCCL and FMCC may also be referred to herein, jointly and severally, as "Creditor." **SEE THE NEXT PAGE OF THIS FORM FOR IMPORTANT INFORMATION FOR CALIFORNIA, MAINE, OHIO, RHODE ISLAND, TENNESSEE, AND VERMONT.**

I agree that you, your affiliates, agents and service providers may monitor and record telephone calls regarding my account to assure the quality of your service or for other reasons. I also expressly consent and agree to you, your affiliates, agents and service providers using written, electronic or verbal means to contact me. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, emails and/or automatic telephone dialing systems. I agree you, your affiliates, agents and service providers may do so using any e-mail address or any telephone number I provide, now or in the future, including a number for a cellular phone or other wireless device, regardless of whether I incur charges as a result.

Applicant Signature _____ Title _____ Date _____

I intend to apply for joint credit Applicant Initial Here

Co-Applicant Signature _____ Title _____ Date _____

I intend to apply for joint credit Co-Applicant Initial Here

Guarantor Signature _____ Title _____ Date _____

****If corporate guarantor, authorized officer must sign and show corporate title. If partnership guarantor, a general partner must sign and show "Partner" as Title. If individual guarantor, show "Individual" as Title.**