## FRANKLIN BUSINESS CENTER

## 20 Canal Street, Suite 200, Franklin, NH 03235 Phone 603-934-2000

www.NHoffice.com

## COMMERCIAL CREDIT APPLICATION I. BUSINESS INFORMATION **Business Name** Address **Telephone** Tax I.D **Individual Name Address Telephone Social Security** D.O.B **Individual Name Address Telephone Social Security** D.O.B **Ownership Distribution Percent Title** Name Name **Percent Title Nature of Business** Year Est. **Number of Employees** Years at the Present Location Own Lease **Telephone** Accountant **Attorney Telephone Telephone Insurance Agent**

## II. FINANCIAL INFORMATION

Credit Relationships Please provide details of your business cred	lit relation below:
III. MISCELLANEOUS INFORMATIO	)N
Are Tax Liabilities Current? Yes Is the business an endorser, guarantor, or cofinancial statement? Yes If yes, what is the contingent liability?	o-maker for any obligation not listed in the
Has the business or a principal owner ever of the second o	Yes No
What	Amount \$
What	
Does the business have a pension fund?  Profit Sharing Plan? Yes  If so, does the plan have any unfunded pension fund?  Amount \$	_ No sion liabilities? Yes No

IV. ADDITIONAL INFORMATION
V. CERTIFICATION
The undersigned represents and warrants on behalf of the above named business that the information provided is true and complete and that you may consider the material contained herein as continuing to be true and correct until written notice of a change is given to you by an authorized representative of the business.
I hereby authorize Mass Investment Group, LLC without further notice to make all inquiries of whatever nature and from whatever sources it deems necessary and appropriate to determine the financial condition and creditworthiness of the above named business. I hereby authorize and request all third parties contacted hereunder to release to Mass Investment Group, LLC all financial and credit information in their possession.
Business Name (print):
Date:
Authorized Signature:
Title: