

Return to:

Superior Projects, Inc.
86 Tomlinson Road Unit #B
Huntingdon Valley, PA 19006
Phone: 800-506-5521
Fax: 215-947-4058

APPLICATION FOR FINANCING

B U S I N E S S	Business Name:		Phone:		Fax:		
	Address (Street)		(City)		(State) (Zip)		
	Type of Business:		Age of Business:		Net Worth: Annual Sales:		
	Cell Phone:		E-mail:				
O W N E R S H I P	Business Structure: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation: Fed. Tax No. _____ <input type="checkbox"/> Other _____						
	State of Incorporation		Date of Incorporation				
	Principal's Name		Title	%Ownership	Home Phone #	Soc. Sec. No.	
	Home Address (Street)		(City)		(State) (Zip)		
	Principal's Name		Title	%Ownership	Home Phone #	Soc. Sec. No.	
Home Address (Street)		(City)		(State) (Zip)			
Bank:		Contact:			Phone #:		
E Q U I P M E N T	Type of Equipment:		Cost:		Vendor: Phone #: Contact:		
	Term: 24 Months:		36 Months:		48 Months: 60 Months:		
	Location of Equipment: (Street)		City		State/Zip/County		

I hereby authorize Superior Projects, Inc. or any credit bureau or other investigative agency employed by Superior Projects, Inc. to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

X _____
Signature/Title

Date