



WITTERN FINANCIAL SERVICES

**CREDIT APPLICATION**

Please Complete and FAX to: (515) 271-8402  
or email to credit@wittern.com

**Sales Information**

Name of your Salesperson: (If you do not have a sales person enter "None") \_\_\_\_\_

Amount of Credit Requested (check one):  \$0 - \$5000  \$5,000 - \$25,000  \$25,000+

Type of Business (Check One):  Individual  Proprietorship  Corp Other: \_\_\_\_\_

Years in Vending:  Not in Vending  New Vendor  1-2 yrs.  3-4 yrs.  5+ yrs.

Number of Routes: \_\_\_\_\_ Number of Locations: \_\_\_\_\_ Number of Machines: \_\_\_\_\_ Annual Vending Sales: \_\_\_\_\_

Business Name (Legal): \_\_\_\_\_ D/B/A Name (if any) \_\_\_\_\_

Business/Customer Address 1: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business/Customer Phone: \_\_\_\_\_ Cell/Alternate Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Owner/Authorized Signer 1 Name (Print): \_\_\_\_\_ Social Security No: \_\_\_\_\_

Owner/Authorized Signer 2 Name (Print): \_\_\_\_\_ Social Security No: \_\_\_\_\_

**Credit Information**

Check One:  Home Owner  Renter Number or Years at address: \_\_\_\_\_

Home Address 1: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country Code: \_\_\_\_\_

Home Address 2: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager #: \_\_\_\_\_

Nearest Relative not Living with Customer: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employed Outside Vending Business:  Yes  No

**Employment Information (If employed outside business or in business less than one year)**

Name of Employer of Signer 1: \_\_\_\_\_ Salary: \_\_\_\_\_

Position: \_\_\_\_\_ Phone #: \_\_\_\_\_ Yrs Employed: \_\_\_\_\_

Name of Employer of Signer 2: \_\_\_\_\_ Salary: \_\_\_\_\_

Position: \_\_\_\_\_ Phone #: \_\_\_\_\_ Yrs Employed: \_\_\_\_\_

**Credit Information**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_

For purchases over \$25,000 we will require the submittal of, 1) last years tax returns and/or 2) current year to date Profit & Loss statement. Please feel free to fax this information to our secure fax line 515-271-8402 or email at [credit@wittern.com](mailto:credit@wittern.com).

I understand that Wittern Financial Services is relying on this information in extending credit and I warrant it to be true. I further understand and agree that Wittern Financial Services may, in its sole discretion, refer and assign this application to a third-party financing entity of its choice for financing. I hereby authorize WFS or any bank/ and or trade bureau or other investigative agencies employed by WFS or its assigns to investigate the references herein listed or other data obtained from me or any other person pertaining to my credit and financial responsibility. The undersigned authorizes all parties contacted to release credit information requested or its successors or assigns.

\_\_\_\_\_  
Signature (Position of Signer) Signature (Position of Signer) Date

Wittern Financial Services hereby assigns this Credit Application to \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature (Assignor) Signature (Assignee)