



One-Page Credit Application for Maytag Financing Assistance

Borrower/Lessee

Legal Company Name: _____

DBA: _____ Fed Tax ID: _____

State of Incorporation/Organization: _____ D&B #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Contact: _____ Cell Phone: _____

E-mail: _____ Fax: _____

Business Description: _____

Type of Business: Partnership Proprietorship
 Corporation LLC

*** Please include a copy of your finalized sales order

Maytag Distributor

Company Name: _____

Sales Rep: _____

Phone: _____

Project Location / Existing Equipment Information

Address: _____

City: _____ State: _____ Zip: _____

Square Footage: _____ # Washers: _____ # Dryers: _____

Age of Laundry: _____ Years Under Current Owner: _____

Own Building Rent Building

Landlord: _____ Phone: _____

Bank Information

Principal Bank: _____

Contact: _____ Phone: _____

*** Please include 3 months most recent bank statements

Principal Information (100% Ownership Required - Please Use Additional Pages If Necessary)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

SSN: _____ %Ownership: _____

Annual Income: _____ Source/Occupation: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

SSN: _____ %Ownership: _____

Annual Income: _____ Source/Occupation: _____

Trade References and Insurance Information

Company Name: _____

Contact: _____ Phone: _____

Company Name: _____

Contact: _____ Phone: _____

Insurance Agency Name: _____

Contact: _____ Phone: _____

Proposed Finance Terms

Requested Term in Months: 12 24 36 48 60 Other: _____ Requested Finance Type: Loan Lease

I hereby represent all information is true, correct and complete. I/we hereby authorize the release of any credit information, business or personal to the submitter, its assigns, or the above distributor of Maytag or its assigns. Submitter complies with section 326 of the USA PATRIOT Act. This law mandates that submitter or its assigns request and verifies certain information about you and your company. A copy or fax of this authorization shall be deemed valid as the original.

Signature: _____ Title: _____ Date: _____

Please Print Name: _____

Signature: _____ Title: _____ Date: _____

Please Print Name: _____