



**LIBERTY FINANCIAL GROUP, INC.**  
 7 Church Road, Hatfield, PA 19440  
 Phone: 888-883-4480 Fax: 888-883-9380  
[www.libertyfg.com](http://www.libertyfg.com)

**Michael DeGroat**



**Fax completed application to: 888-883-9380**

**CREDIT APPLICATION**

COMPLETE LEGAL NAME				<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC	
TYPE OF BUSINESS	FEDERAL ID NUMBER	YEARS IN BUSINESS			
MAILING/BUSINESS ADDRESS	COUNTY	PHONE NUMBER	FAX NUMBER	CELL PHONE NUMBER	

LOCATION OF WHERE EQUIPMENT IS KEPT (IF DIFFERENT THEN ABOVE)

INSURANCE AGENT \_\_\_\_\_ AGENT'S PHONE NUMBER \_\_\_\_\_

ANNUAL SALES \_\_\_\_\_ BUSINESS NET INCOME \_\_\_\_\_ BUSINESS NET WORTH \_\_\_\_\_

PRINCIPAL / OFFICER / PARTNER	SOCIAL SECURITY #	TITLE & %OWNED	HOME ADDRESS	PERSONAL NET WORTH

BANK / MONEY MARKET ACCOUNT	ACCOUNT #	TELEPHONE #	OFFICER TO CONTACT
BUSINESS			
BUSINESS			
RESIDENTIAL/COMMERCIAL MORTGAGE			

TRADE REFERENCES	ACCOUNT # / TELEPHONE # / CONTACT

EQUIP LEASE or LOAN REFERENCE	ACCOUNT # / TELEPHONE # / CONTACT

EQUIPMENT			
SUPPLIER	ADDRESS	CONTACT	TELEPHONE
TYPE OF EQUIPMENT	NEW / USED	COST OF EQUIPMENT	

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process, and, if necessary, any collection actions to be taken on the account. The undersigned waives any right or claim they would otherwise have under Fair Credit Report Act in the absence of this continuing consent.

**I hereby authorize our banks, trades, and personal credit bureaus to release credit information to Liberty Financial Group, Inc. and/or its assignees.**

X \_\_\_\_\_