

TOUEY SPECIALTY - CREDIT APPLICATION

1437 Ridge Pike, Plymouth Meeting, PA 19462

610-313-9700 Fax 610-313-9485

Business Name: _____ Tax I.D. # _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone #: _____

How long in business _____ Number of Funeral Homes operated _____

Number of funerals last year _____ Volume of gross receipts last year \$ _____

If located in New Jersey, please list 15 digit NJ Corp Code: _____

Business Entity	
<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Sub-S Corp.
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Other _____

Business Bank Name: _____

Contact: _____

Phone #: _____

Checking: Account #: _____

Avg. Daily Balance: _____

Savings: Account #: _____

Avg. Daily Balance: _____

Credit References:

Reference	High Credit	Current Balance	Phone Number	Contact Person

Principal(s) / Funeral Director

1. Name _____

2. Name _____

_____ % Ownership Number of years owned _____

_____ % Ownership Number of years owned _____

Home Address _____

Home Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Social Security # _____

Social Security # _____

Funeral Director License # _____

Funeral Director License # _____

Annual Salary \$ _____

Annual Salary \$ _____

TO YOUR KNOWLEDGE, are there any detrimental factors (Tax Liens, Unpaid Judgments, Repossessions or Bankruptcies) that could impact or affect the credit decision? _____ No _____ Yes (If yes, please detail and explain on reverse.)

Insurance Agent _____

Contact: _____

Phone #: _____

Fax #: _____

Proposed Lease Terms & Equipment (Office Use Only)

Year / Make	Manufacturer	Model	Term	
Purchase Price	Cap Cost Reduction	Cap Cost	Monthly Payment	Residual

I/we authorize the creditor to make whatever credit inquiries it deems necessary in connection with this credit extended in reliance on this application. I/we authorize and instuct any person or consumer reporting agency to complete and furnish to the creditor any information that it may have or obtain in response to such credit inquiries and agree that such information, along with this application, shall remain in the creditor's property, whether or not credit is extended. All information set forth in this application is declared to be a true representation of the facts made for the purpose of obtaining the credit requested. Any willful misrepresentation in this application could result in criminal action.

Applicant's Signature: _____

Co-Applicant's Signature: _____

Date: _____

Date: _____