



**One Fat Frog, Inc.
Credit Application**

Fax to: (407) 480-3411
Email: credit@onefatfrog.com

Lessee Company Information

Company Name	Company Address	City, State, Zip	
DBA	Equipment Location		
Email Address*	Phone*	Fax	
Business Classification (Check One)		Federal Tax ID Number	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation (C.Corp S. Corp LLC LLP)		Time In Business	
<input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit		Months _____	
		Years _____	

Principles Information

Owner/Officer/Cosigner Name*	Title	SSN*	% Ownership
Home Address (Primary Residence)*	City, State, Zip	Home Phone*	Years with Co.
Owner/Officer/Cosigner Name*	Title	SSN*	% Ownership
Home Address (Primary Residence)*	City, State, Zip	Home Phone*	Years with Co.
Owner/Officer/Co-Signer Name*	Title	SSN*	% Ownership
Home Address (Primary Residence)*	City, State, Zip	Home Phone	Years with Co.

Proposed Equipment Acquisition

Equipment to be Financed	Estimated Cost	Annual Business Revenue:	Budgeted Monthly Payment:
Check One Delivery__Pickup__Date Needed ____/____/____	Average Bank Balance:	Monthly Credit Card Volume:	

Insurance Information

Insurance Company	Contact Number	Policy Number	Insurance Exp. Date
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Applicant Signature

The above information, together with any accompanying financial statements, schedule, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The undersigned hereby warrants that any individual identified above who is either a principal, a personal guarantor, or a sole proprietor of the credit applicant, recognizing that his/her individual credit history may be a factor in the evaluation of the credit history of the applicant, has provided his/her written authorization for inquiry into their credit worthiness, including but not limited to obtaining a consumer credit report, and shall hold One Fat Frog, Inc. and its assignees harmless from same. One Fat Frog, Inc. is hereby authorized to investigate (directly or through an agent or nominee) your/their credit and financial responsibility of your officers and principal. By signing below you also understand that all restaurant equipment purchases will be made through One Fat Frog, Inc.

Signature	Print Name	Date
Co-Signer Signature	Print Name	Date

*Are you working with our sales team already? Tell us who _____