



Please email to [CreditDept@AmericorpUSA.com](mailto:CreditDept@AmericorpUSA.com) or fax to 248-723-423-4501.

# Credit Application

## Contact Information

Legal Name of Business					
Address		City	County	State	Zip Code
Phone	Fax	Contact	Email Address		
Business Type:					
Tax ID Number		Date Business Established by Current Owners		State Incorporated	

## Owner Information

Name(s)	Social Security Number	Home Address
1.		
2.		
3.		

## Equipment Information

Equipment Description		
Equipment Cost	Term Requested	Program Requested

### Business Purpose:

You, the credit applicant, certify to us that you are applying for credit for a business purpose, and not for personal, family, or household purposes, and that the information you provided is true and correct.

### ECOA Notice

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the Credit Disclosure Administrator, Americorp Financial, LLC, 877 S. Adams, Birmingham, MI 48009, phone (248)723-4500, within 60 days from that date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.

## Authorization to Release Credit Information

I HEREBY AUTHORIZED OUR BANK AND TRADE REFERENCES TO RELEASE THE INFORMATION REQUESTED BY AMERICORP FINANCIAL, INC. REGARDING OUR COMPANY'S ACCOUNTS WITH YOUR FIRM. IN ADDITION I HEREBY AUTHORIZE AMERICORP AND ANY OF THEIR ASSIGNS TO RUN PERSONAL CREDIT REFERENCES ON OWNERS LISTED. PLEASE RESPOND TO THEIR TELEPHONE REQUEST BY FAX OR PHONE.

**THIS IS YOUR WRITTEN AUTHORIZATION TO RELEASE THE INFORMATION REQUESTED.**

By: X \_\_\_\_\_ Date: \_\_\_\_\_

By: X \_\_\_\_\_ Date: \_\_\_\_\_

By: X \_\_\_\_\_ Date: \_\_\_\_\_