



Website: [www.solrates.com](http://www.solrates.com) | Phone: (800) 417-4740 | Email: [credit@solrates.com](mailto:credit@solrates.com)

## COMMERCIAL CREDIT APPLICATION CHECKLIST

Forms:	
Commercial Credit Application	X
Business Files:	
Bank Statements for the last three current months (1st page only)	X
Most recent fiscal year-end Financial Statements	
Second most recent fiscal year-end Financial Statements	
Third most recent fiscal year-end Financial Statements	
Corporate Tax Returns for 2014	
Corporate Tax Returns for 2013	
Corporate Tax Returns for 2012	
P&L & Balance Sheet (no older than 90 days)	
Personal Forms And Files (FOR EACH OWNER)	
Personal Financial Statement Form (or recent signed P.F.S. from accountant)	
Tax Returns for 2014	
Tax Returns for 2013	
Tax Returns for 2012	

Please submit this document along with all completed forms and files  
via one of the following methods:

Web: Email [credit@solrates.com](mailto:credit@solrates.com) to request a secure data room

Fax: (844) 49-2837

Email: [credit@solrates.com](mailto:credit@solrates.com)



Website: [www.solrates.com](http://www.solrates.com) | Phone: (800) 417-4740 | Email: [credit@solrates.com](mailto:credit@solrates.com)

## BUSINESS INFORMATION

## COMMERCIAL CREDIT APPLICATION

CUSTOMER (EXACT LEGAL NAME)				DBA			
PRIMARY BUSINESS STREET ADDRESS (NO P.O. BOXES)				CITY	STATE	ZIP	FEDERAL TAX ID NO. / EIN (REQUIRED)
PHONE NO.	CELL NO.		FAX NO.			EMAIL	
BUSINESS DESCRIPTION (DETAIL BUSINESS ACTIVITIES—WHAT DOES YOUR COMPANY DO?)			YEARS IN BUSINESS	YEARS UNDER CURRENT OWNERSHIP		PREVIOUS YEAR GROSS ANNUAL SALES (REQUIRED) \$	
<input type="checkbox"/> CORP <input type="checkbox"/> SUB S <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> GOV'T/MUNI				TAX EXEMPT NO. (ATTACH CERTIFICATE)			
EQUIPMENT LOCATION STREET ADDRESS (NO P.O. BOXES)			CITY	COUNTY	STATE	ZIP	
BILLING ADDRESS (IF DIFFERENT THAN ABOVE)			CITY		STATE	ZIP	

## OWNERSHIP INFORMATION

required for each owner (Sole Proprietor or Managing Partner of Partnership) with an equity interest of 25% or more and each guarantor as well as any one individual with a significant ability to manage or control the entity. Use addendum if needed.

OWNER / PARTNER / MEMBER / GUARANTOR	TITLE	SOCIAL SECURITY NO.		% OWNED	DATE OF BIRTH
HOME STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE NO.	
OWNER / PARTNER / MEMBER / GUARANTOR	TITLE	SOCIAL SECURITY NO.		% OWNED	DATE OF BIRTH
HOME STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE NO.	

## BANK AND SECURED LOAN OR LEASE REFERENCES

Use addendum if needed for additional references.

BANK / FINANCE COMPANY	CONTACT	PHONE NO.	ACCOUNT NO.
BANK / FINANCE COMPANY	CONTACT	PHONE NO.	ACCOUNT NO.

## VENDOR INFORMATION

VENDOR NAME	CONTACT	TELEPHONE NO.
-------------	---------	---------------

## EQUIPMENT DESCRIPTION / TERMS OF SALE

If available, provide Sales Order with equipment list and pricing details as addendum.

EQUIPMENT DESCRIPTION	EQUIPMENT DESIGNATION <input type="checkbox"/> NEW <input type="checkbox"/> USED	YEAR IF USED	TERM	END-OF-TERM OPTION <input type="checkbox"/> \$1 <input type="checkbox"/> ____% <input type="checkbox"/> FMV <input type="checkbox"/> OTHER _____
-----------------------	---	--------------	------	---

**ECOA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT).** If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Bank within 60 days from the 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. Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants 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 the creditor is the Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.

**REPORTING AND NEGATIVE INFORMATION.** We may report information about your account to credit reporting agencies. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

**REPRESENTATIONS, AUTHORIZATIONS, AND AGREEMENTS.** This application is for the commercial or governmental lease of goods and not for any financing for personal property to be used primarily for personal, family, or household purposes and the applicant agrees that consumer credit laws shall not apply. The applicant and each owner signing this application, and each guarantor (collectively, "you" or "your") authorize bank and its affiliates, and third parties acting for or on behalf of bank, and any assignees or transferees of any credit extended to you by bank (collectively, "we" or "us"), to check credit information, references and bank accounts and to obtain credit reports and other credit information from any credit reporting agency or credit grantor. You authorize us to hold, use, exchange and disclose information obtained by us in connection with this application or any credit provided to you by us and the administration of our contracts with you and as otherwise required or permitted by law, including without limitation any of the foregoing regarding this application or your credit experience, capacity or standing, and any credit reports, financial statements and organizational documents.

**TCPA NOTICE:** You agree that Bank, Bank affiliates, agents and service providers may monitor and record telephone calls regarding your account to assure the quality of service or for other reasons. You also expressly consent to Bank, Bank affiliates, agents and service providers to use written, electronic or verbal means to contact you. This consent includes, but is not limited to, contact by manual calling methods, pre-recorded or artificial voice messages, text messages, e-mails and/or automatic telephone dialing systems. You agree Bank, Bank affiliates, agents and service providers may do so using any e-mail address or any telephone number you provide to us at any time, including a number for a cellular phone or other wireless device, regardless of whether charges are incurred as a result.

**INDIVIDUAL AUTHORIZATION:** By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides bank written authorization to obtain and review his/her personal consumer report from any reporting agency in connection with this application, whether or not his or her credit is being relied upon in connection with this application. If you request, bank will provide you with the name and address of the person to whom the request for any consumer report was made. You are entitled to receive certain information from that reporting agency upon request.

**By signing this application, the undersigned confirms that the undersigned has read and understands this application and that the information provided in connection with this application is true, correct and complete, and authorizes bank to rely on and use it to evaluate this application.**

APPLICANT/AUTHORIZED REPRESENTATIVE SIGNATURE/GURANTOR

TITLE

DATE

Nature & History of Your Business: (A brief description and history of the company).

---

---

---

---

---

Is there a Parent Company associated with your business? If so please provide us the name and the details of the Parent Company including the State of Incorporation.

---

---

---

---

---

Purpose & Justification of Acquisition: Please specify the anticipated annual avoided electricity cost for the system, factoring in O&M costs.

Name:	Birth Date:	Social Security Number:
Home Address:		
Business/Occupation:		
Do you have any dependents? Yes No If so, how many?	Do you have a will? Yes No If so, please name executor:	
Are you a defendant in any suits or Legal Action? Yes No	Have you ever claimed bankruptcy? Yes No If so, when:	

ASSETS		LIABILITIES	
Cash available on-hand and unrestricted in banks	\$	Notes payable to banks <i>Unsecured</i>	\$
U.S. Government Securities	\$	Notes payable to banks <i>Secured</i>	\$
Cash surrender value of life insurance policies	\$	Loan against life insurance policy	\$
Publicly traded stocks and securities (AMEX, NYSE)	\$	Notes payable to others	\$
Other stocks and bonds	\$	Accounts Payable	\$
Accounts Receivable	\$	Taxes and assessments payable	\$
Notes Receivable	\$	Mortgages on real estate	\$
Real Estate (cost or market value) <i>Do not deduct mortgages</i>	\$	Other liabilities - Please itemize	\$
Automobiles in your name	\$		\$
Other assets - Please itemize	\$		\$
	\$		\$
	\$		\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>

Subtract your total liabilities from your total assets = **NET WORTH: \$**

INCOME INFORMATION		CONTINGENT LIABILITIES	
Salary	\$	As Guarantor	\$
Bonus and Commissions	\$	On leases or contracts	\$
Dividends	\$	Legal claims	\$
Real-estate income	\$	Federal Income Tax	\$
Other income - alimony, child support, etc.	\$	Other - Please itemize	\$
<b>TOTAL INCOME</b>	<b>\$</b>	<b>TOTAL CONTINGENT LIABILITIES</b>	<b>\$</b>

BANKING INFORMATION					
Name of Bank	Telephone Number	Cash Balance	Type of Account	Account Number	Name on Account
1.		\$			
2.		\$			
3.		\$			
4.		\$			

## Schedule 1 Banking Relations (Loans, Lines of Credit...) Attach additional pages if necessary

Name of Bank	a) Amount of Loan b) What was the loan for?	Opening Date	Term of Loan	Secured? If so, how?
1.	a) \$ b)			
2.	a) \$ b)			
3.	a) \$ b)			
4.	a) \$ b)			

## Schedule 2 Notes Receivable

Name of debtor and address	Age of Debt and description	Amount Owing	Term of Loan
1.		\$	
2.		\$	
3.		\$	

## Schedule 3 Life Insurance

Name of Insured	Name of Beneficiary	Name of Insurance Company	Yearly Premium	Face Amount	Cash Surrender Value	Loans against policy	Type of policy
1.			\$	\$	\$		
2.			\$	\$	\$		
3.			\$	\$	\$		

## Schedule 4 Stocks and Bonds

Name of Security	Name Security is registered in:	To whom it is pledged	Ticker Symbol	Number of shares	Cost	Market Value
1.					\$	\$
2.					\$	\$
3.					\$	\$
4.					\$	\$

## Schedule 5 Real Estate

Address (include city and state and if it is a rental property)	Title in name of	Date acquired	Cost (Purchase price)	Market Value	Mortgages (Original Amount)	Unpaid Balance
1.			\$	\$	\$	\$
2.			\$	\$	\$	\$
3.			\$	\$	\$	\$
4.			\$	\$	\$	\$

The undersigned submits the above as being a true and accurate statement of his or her financial condition on the indicated date and agrees that the bank will and may rely thereon, and agrees that if any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against him or her, the undersigned will immediately and without delay notify the said Bank, and unless the Bank is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned. In considering this loan request from you, the bank will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. It is a federal crime to make a false statement on this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_