

BLUE STREET CAPITAL

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HTTP://WWW.BLUESTREETCAPITAL.COM



BUSINESS CREDIT APPLICATION

JA
DATE: _____

LESSEE FULL COMPANY NAME		DATE ESTABLISHED (CURRENT OWNERSHIP)	WEB PAGE ADDRESS	
ADDRESS		CITY	STATE	ZIP CODE
TRADE STYLE OR NAME		EMAIL ADDRESS	TELEPHONE	FAX
BUSINESS STRUCTURE (CHECK BOX OR SPECIFY) PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY OTHER: _____		NATURE OF BUSINESS		STATE OF INCORPORATION
		FEDERAL TAX ID NUMBER		

GUARANTORS / OWNERS

	1	2	3
NAME			
STREET			
CITY, STATE, ZIP			
HOME NUMBER			
SOCIAL SECURITY NUMBER			
TITLE			
% OF OWNERSHIP		%	%
SIGNATURE (I agree to the authorization to obtain consumer credit report below)			

BANK REFERENCES

	CITY/STATE	PHONE NUMBER	CONTACT	ACCOUNT #	TYPE

VENDOR NAME

VENDOR NAME	ADDRESS	CITY	STATE	ZIP
MAKIOS IT SERVICES	10730 PEBBLE HILLS BLVD	EL PASO	TX	79935
CONTACT NAME & PHONE NUMBER			RESALE #	
NILS DESMET -- (915) 217-2500 / (915) 355-7412				
EQUIPMENT DESCRIPTION		NEW	USED	TERM REQUESTED
COMPUTER AND/OR NETWORKING EQUIPMENT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
EQUIPMENT LOCATION (IF DIFFERENT FROM ADDRESS ABOVE)			TOTAL INVOICE WITHOUT TAX	

Authorization to Obtain Consumer Credit Report

By signing this application, each individual(s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Blue Street Capital, LLC or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original.

Signature: _____ Date: _____
 Name (please print): _____ Title: _____