P.O. Box 2424
Mission, KS 66201
Phone: 913-789-9977
Fax: 913-789-9988
credit@midcontinentcapital.com

Mid Continent Capital, Inc.

CREDIT APPLICATION

BUSINESS INFORMATION

Business Name:	Telephone:		E-mail:	
	Fax:		Cellular:	
Business Address:	County:	Years Under Current Ownership:	Date Business Started:	Fed. ID No.
City/State/Zip:	Description of Business:		Contact:	
Location of Equipment:		Proprietorship: ☐ Partnership: ☐ Corporation: ☐		
Insurance Co.	Telephone:	Address:		

OWNERSHIP / OFFICERS / PARTNERS

Principal/Officer:		Principal/Officer:	
Title:	% Owned:	Title:	% Owned:
Spouse:	% Owned:	Spouse:	% Owned:
Home Address:		Home Address:	
Phone:	Soc. Sec. #:	Phone:	Soc. Sec. #:

HAS ANY OWNER/OFFICER/PARTNER FILED BANKRUPTCY IN THE LAST 10 YEARS? ○ NO ○ YES

BANK REFERENCES

Bank Name	Location	Phone	Account #	Contact	Type of Account
					Cking ○ Sving ○ Loan ○ Other ○
					Cking ○ Sving ○ Loan ○ Other ○

LEASING / FINANCING / TRADE REFERENCES

Name	Telephone	Contact	Address

EQUIPMENT & SUPPLIER INFORMATION

Supplier Name:	Telephone:	Cost:
Address:	Contact:	Sales Tax:
Equipment Location:	Plan: Term:	Total Cost:
Equipment:		

I (We) authorize Mid Continent Capital, Inc. and/or its assigns and designees to investigate all credit information, including but not limited to consumer credit reports, bank and trade references and accountant information for purposes of processing this lease credit application. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. Further, I (We) authorize the transmission of this information via the internet to "secured" sites only. All principals hereto agree that a fax copy of this application may be treated as and considered the same as an original, including the signature(s) below. Regulation B provides you the right to obtain a written statement of the specific reasons for adverse credit decisions. To obtain such statement, please contact us in writing within sixty (60) days from the date you are notified of our decision. We will provide our written response within thirty (30) days thereafter.

Authorized signature:_____ Title: _____ Date: _____

Authorized signature:_____ Title: _____ Date: _____

Authorized signature:_____ Title: _____ Date: _____

Print