

New Merchant Application

LEGAL BUSINESS NAME _____ DATE ESTABLISHED _____ TODAY'S DATE _____

DBA _____ NUMBER OF LOCATIONS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE () _____ FAX () _____

E-MAIL ADDRESS _____ WEBSITE _____

PERSON TO CONTACT _____ TITLE _____

TYPE OF OWNERSHIP (CHECK ONE): SOLE OWNER PARTNERSHIP CORPORATION (STATE OF INCORPORATION) _____

IF SUBSIDIARY, PARENT CORPORATION NAME _____ TAX ID # _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE () _____

PRINCIPALS

NAME _____ TITLE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

NAME _____ TITLE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

GOODS TO BE FINANCED: _____

HOW ARE GOODS SOLD: _____

TYPE OF GUARANTEE OFFERED: _____

TYPE OF ADVERTISING: _____

\$ _____ ANNUAL SALES (TOTAL)

\$ _____ SALES ON CREDIT

_____ # OF CREDIT APPLICATIONS TO BE RECEIVED ON A MONTHLY BASIS

_____ PRICE RANGE OF GOODS.

PRIMARY FINANCING SOURCE FOR CLIENTS

NAME _____ PHONE () _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SECONDARY FINANCING SOURCE FOR CLIENTS

NAME _____ PHONE () _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OTHER SOURCES OF FINANCING FOR CLIENTS (LIST NAME ONLY)

BUSINESS REFERENCES

NAME _____ PHONE () _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

NAME _____ PHONE () _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

BANKING REFERENCES

NAME _____ BRANCH _____ PHONE () _____

NAME _____ BRANCH _____ PHONE () _____

How did you hear about Tidewater _____

I/We recognize that Tidewater must rely on our credit worthiness in considering this Application, and authorize Tidewater Credit Services to request and obtain additional information including credit and other similar reports.

Signature(s) _____

Print name(s) _____

Print title _____