



# Fasig-Tipton

## CREDIT APPLICATION

**PLEASE COMPLETE ENTIRE FORM AND REMIT TO:**

**FASIG-TIPTON COMPANY, INC.  
PO BOX 13610  
LEXINGTON KY 40583-3610  
(859) 255-1555 FAX (859) 254-0794**

SALE: \_\_\_\_\_ DATE: \_\_\_\_\_

AMOUNT OF CREDIT REQUESTED: \_\_\_\_\_

PURCHASES WILL BE IN THE NAME OF: \_\_\_\_\_

PERSON RESPONSIBLE FOR ACCOUNT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ BUS \_\_\_\_\_

MOBILE TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

### **ACCOUNT/CREDIT INFORMATION TO BE OBTAINED BY APPLICANT FROM FINANCIAL INSTITUTION**

In order for Fasig-Tipton Company, Inc. to process this credit application, certain account and credit information must be supplied by your financial institution-Bank, Credit Union, or Broker. Information required includes type of account, average balance during the past two years, existing lines of credit, officer's name and title, name and address of the institution, and the institution's telephone number. This information must be documented on the institution's letterhead and signed by the account officer.

By signing this form, applicant authorizes Fasig-Tipton Company, Inc. to perform a credit investigation. Please notify your financial institution that Fasig-Tipton will be contacting them about your request for credit.

**SIGNATURE** \_\_\_\_\_