dirtyblinds.com®

Questions call us at: (800) 976-6427
Fax your application to: (716) 685-9717

bizopp@dirtyblinds.com
www.dirtyblinds.com

Customer Info	Legal Business Name			Business Phone No.
DBA ** Doing Business As* (if applicable)*				Fax No.
Business Street Address	City/State/Zip Code		Contact Name & Email Address *(if available)*	
Description of Business			Yrs In Bus (current owner)	Tax Identification No.

☐ Proprietorship ☐ Corporation (State _____) ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Company (LLC) ☐ State or Local Government

Ownership Information *(Owners, partners principal officers)*	Name	Title	% Ownership	Home Phone No.
	Home Address/City/State/Zip Code			Social Security No
	Name	Title	% Ownership	Home Phone No.
	Home Address/City/State/Zip Code			Social Security No.

Banking Reference	Bank Name	Account No.	Contact	Phone No.
	Bank #2 Name	Account No.	Contact	Phone No.

Trade References	Trade Reference #1	Account No.	Contact	Phone No.
	Trade Reference #2	Account No.	Contact	Phone No.
	Trade Reference #3	Account No.	Contact	Phone No.

Equipment Supplier	Supplier Name *(if decided yet)* Dirtyblinds.com	Contact Marc Miller	Phone No. 1-800-976-6427
	Supplier Street Address/City/State/Zip 11256 Broadway Alden, NY 14004	E-mail Address *(if available)* bizopp@dirtyblinds.com	Fax No. 716-685-9717

Equipment Description	Equipment Location (☐ check if same as Customer's address)	Credit Requested $
	Make and Model / General Equipment Description ***if decided yet* (☐ check if equipment is used)	
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Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you or any lender or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X Signature	Signer's Printed Name	Date
X Signature	Signer's Printed Name	Date

Detach Here

ECOA NOTICE *(TO BE RETAINED BY APPLICANT)*

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of 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 our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.