

Credit Application

LBI Finance

Direct Toll Free 800-375-8237 Ext: 322 Fax 972-313-2002



Business Information

Legal Name		Mo/Yr. Established		Years Under Current Ownership	
Street Address		City	State	Zip	E-mail
Telephone No.		Fax No.		Contact	Title
Is a P.O. Number Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Course			
Number of Holes		<input type="checkbox"/> Private Number of Members _____ Initiation Fee \$ _____ Annual Dues _____ <input type="checkbox"/> Semi-Private Number of Members _____ Initiation Fee \$ _____ Annuals Dues _____ <input type="checkbox"/> Resort/Public Weekday Rate \$ _____ Weekend Rate \$ _____ Annual Rounds _____			
Business Structure				Date and State Incorporated	
<input type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Sub S Corp <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietorship				Federal ID Number	
Ownership Structure				Tax ID Number	
<input type="checkbox"/> Member Owned <input type="checkbox"/> Management Group (Name) _____ (Address) _____ <input type="checkbox"/> Privately Owned If Yes, Number of Owners _____				Please Select <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit	

Partners/Principals

Name (Personal Guarantor/Principal/Partner/Officer)	% Owned	SSN#	Has the Owner ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Home Street Address (Personal /Guarantor/Principal/Partner/Officer)	City/State/Zip		Phone Number
Name (Personal Guarantor/Principal/Partner/Officer)	% Owned	SSN#	Has the Owner ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Home Street Address (Personal Guarantor/Principal/Partner/Officer)	City/State/Zip		Phone Number

References

Bank Reference Name	Address	City/State/Zip
Account Number and Type	Contact	
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Other Account Number _____	Phone No.	Fax No.
Business Bank Reference Name	Address	City/State/Zip
Account Number and Type	Contact	
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Other Account Number _____	Phone No.	Fax No.

Equipment

Golf Course Financed By	Fax No.	Is the applicant a real estate developer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Trade Reference (Name/City/State)		
Manufacturer	Total Equipment Cost/Term	
Equipment Description		

This Application is submitted in connection with business and commercial financing and NOT for personal, family or household purposes. You warrant the information on or relating to this Application ("Data") is true and complete, and you will notify LBI Finance ("LBIF") of any material change therein. You consent to and authorize (i) LBIF and its agents to obtain commercial and consumer credit reports, make other inquiries and investigate references and Data, (ii) anybody contacted by LBIF to release credit and financial information. You represent that each individual listed as a principal/partner/owner or guarantor/obligor has authorized LBIF and its agents to obtain consumer credit reports and make other inquiries on them. Our institution complies with Section 326 of the USA This law mandates that we verify certain information about you while processing your account application. **EQUAL CREDIT OPPORTUNITY ACT.** 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 the statement, please contact our Customer Service Representative, 800-275-0867 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving 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 compliance with this law concerning this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3710, Houston, Texas 77010. **APPROVAL:** By electronically submitting this application, I/We hereby authorize LBI Finance and/or any credit bureau or investigation agency to investigate the references and/or personal credit herein listed, stated or obtained pertaining to my/our credit and financial responsibility. This is also our consent to the above listed bank to release any and all information on our accounts to LBI Finance.

X	
Signature	Date