



CREDIT APPLICATION
COMMODORE FINANCIAL
 2400 Herodian Way, Suite 255
 Smyrna, Georgia 30080



TEL 800.487.6262 or 770.951.0203 FAX 800.488.6262 or 770.951.0207 www.commodorefinancial.com

CUSTOMER INFORMATION (PLEASE PRINT)

Legal Name of Business				AutoCare Center <input type="checkbox"/> Yes <input type="checkbox"/> No		AutoCare Membership #		
Billing Address			City		State	Zip Code		
Telephone No.	Fax No.	Cell No.	Email Address					
Contact Name				Title				
Description of Business			Prop <input type="checkbox"/>	Partner <input type="checkbox"/>	Corp <input type="checkbox"/>	LLC <input type="checkbox"/>	Years In Business (under current ownership)	
Equipment Location (if different from above)						Federal Tax ID No.		

PERSONAL INFORMATION (OFFICERS, PARTNERS OR OWNERS)

Name	Home Address		City	State	Zip Code	Social Security No.	
Name	Home Address		City	State	Zip Code	Social Security No.	

Additional Information

COMPANY CHECKING ACCOUNT(S)

S I G N H E R E B Y	Bank Name	Account No.		Telephone No.		Contact	
	Bank Name	Account No.		Telephone No.		Contact	

CREDIT REFERENCE(S)

Creditor Name	Account No.		Telephone No.		Contact	
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I / We hereby authorize the release of any credit or financial information necessary to process this lease application.

Signed X _____ **Date** _____

VENDOR INFORMATION - PLEASE COMPLETE

Business Name			Store #		Distribution Center		
Street Address			City		State	Zip	
Telephone No.	Fax No.	Cell No.	eMail				
Sales Rep.			Contact				

EQUIPMENT INFORMATION (CONTINUE ON AN ADDITIONAL SHEET IF NECESSARY)

Item Description	Part No.	Qty.	Extended Price Without Tax
Lease Term Requested		Total Amount to Finance Without Tax	

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION. If your application for business credit is declined, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Commodore Financial, 2400 Herodian Way, Suite 255, Smyrna, GA 30080 (800-487-6262) 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.