



# CREDIT APPLICATION FOR EQUIPMENT AND/OR SERVICE

Fax completed form to 856-761-1100 or 856-761-1010.

## EQUIPMENT TO BE FINANCED, LEASED OR RENTED

Telephone system along with associated computer network and ancillary equipment valued at \$ \_\_\_\_\_

Equipment Location (if different than below.): \_\_\_\_\_

## LESSEE INFORMATION

*WE WILL CONTACT LESSEE IF ADDITIONAL INFORMATION IS NEEDED*

Full Legal Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Address: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Years of Ownership: \_\_\_\_\_

State of Incorporation/Organization: \_\_\_\_\_ Business Type:  Corp.  Limited Liability Corp.  Partnership  Proprietorship

## BANK INFORMATION

Name of Bank: \_\_\_\_\_ Bank Officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Deposit/Check Acct. #: \_\_\_\_\_ Loan Acct. #: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Bank Officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Deposit/Check Acct. #: \_\_\_\_\_ Loan Acct. #: \_\_\_\_\_

## TRADE REFERENCE

1. Name of Supplier: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name of Supplier: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name of Supplier: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## OWNERS, PARTNERS OR GUARANTORS

\*SS# needed only if personal guarantee is required

1) Name: \_\_\_\_\_ Title: \_\_\_\_\_ \*SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Title: \_\_\_\_\_ \*SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

The person(s) supplying the above information certifies to potential lessors that it is true and correct. The Owners/Partners/Guarantors recognize that their individual credit histories may be a factor in the evolution of the lease applicant and, therefore, authorize the lessor(s) or its assignee or its designee to investigate their personal credit status. This includes obtaining and using their consumer credit reports from time to time in the credit evolution and collection processes, as well as to offer future credit products or services. Completion of either the CREDIT CARD AUTHORIZATION FORM or the ELECTRONIC PAYMENT (ACH) AUTHORIZATION form is required and will be used where payments are not received within 30 days of the invoice date unless other payment arrangements have been mutually agreed upon.

X  
\_\_\_\_\_  
Signature of Owner, Partner or Guarantor

X  
\_\_\_\_\_  
Signature of Owner, Partner or Guarantor



**INSTRUCTIONS:**

1. Complete the form below by entering all billing related information in the blanks below.
2. Print the entire form and sign it. The signer must be either the Credit Card Holder for the credit card authorization or the Bank Account Holder for the ACH authorization.
3. Attach a photocopy of a VOIDED check (for ACH Authorization)
4. FAX completed form to 856-761-1100 or 856-761-1010

**ELECTRONIC PAYMENT (ACH) AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize VOIP Systems USA, LLC, to charge my bank account for all setup and monthly subscription fees, plus any usage fees per the signed VOIP Systems USA, LLC Service Activation Form and Agreement, Invoices, and in accordance with the VOIP Systems USA, LLC Terms of Service referenced on that Agreement.

Company Name: \_\_\_\_\_

ACH Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Financial Institution Name (Please Print)  
\_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:

Checking Account

Savings Account

Financial Institution City and State:  
\_\_\_\_\_

WE AUTHORIZE THE FOLLOWING PAYMENT TO BE MADE VIA THE ACH SYSTEM

One Time Payment in the Amount of \$ \_\_\_\_\_

Monthly Recurring Charges per Service Activation Form for \_\_\_\_\_

Other \_\_\_\_\_

Authorized by the Bank Account Holder:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby authorize VOIP Systems USA, LLC, to charge my credit card account for all setup and monthly subscription fees, plus any usage fees per the signed VOIP Systems USA, LLC Service Activation Form and Agreement, Invoices, and in accordance with the VOIP Systems USA, LLC Terms of Service referenced on that Agreement.

Company Name: \_\_\_\_\_

Visa     Mastercard     American Express

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Billing Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country (if not US): \_\_\_\_\_

Telephone ( ) - \_\_\_\_\_ - \_\_\_\_\_

WE AUTHORIZE THE FOLLOWING PAYMENT TO BE MADE VIA THE ABOVE CREDIT CARD

One Time Payment in the Amount of \$ \_\_\_\_\_

Monthly Recurring Charges per Service Activation Form for \_\_\_\_\_

Other \_\_\_\_\_

Authorized by the Credit Card Account Holder:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_