



Credit Application

8400 Normandale Lake Blvd., Suite 920 • Bloomington, MN 55437
 Phone: 877.387.3874 • Fax: 952.826.7861

BUSINESS INFORMATION

LEGAL NAME OF BUSINESS:			BUSINESS CONTACT:		
STREET ADDRESS:	CITY:	STATE:	ZIP:	COUNTY:	
PHONE:	FAX:		E-MAIL:		
DESCRIPTION OF BUSINESS:			WEBSITE:		
YEARS IN BUSINESS/DATE INCORPORATED:	STATE INCORPORATED:		FEDERAL TAX ID NUMBER:		
TYPE OF BUSINESS: <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		PUBLICLY HELD? <input type="checkbox"/> Yes <input type="checkbox"/> No	STOCK SYMBOL:		

PRINCIPAL INFORMATION

NAME:		OWNERSHIP %:	NAME:		OWNERSHIP %:
HOME ADDRESS:			HOME ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
SOCIAL SECURITY NUMBER:	PROVIDING A GUARANTEE? <input type="checkbox"/> Yes <input type="checkbox"/> No		SOCIAL SECURITY NUMBER:	PROVIDING A GUARANTEE? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EQUIPMENT INFORMATION

EQUIPMENT TYPE/MODEL:			VENDOR:		
LOCATION ADDRESS:	CITY:	STATE:	ZIP:	COUNTY:	
EQUIPMENT PRICE (W/O TAX):	VENDOR SALES REPRESENTATIVE:		VENDOR CONTACT PHONE:		
CONTRACT TERM:	PURCHASE OPTION: <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Dollar Buyout				

CREDIT INFORMATION

BANK (#1):		BANK (#2):	
CHECKING NUMBER:		CHECKING NUMBER:	
LOAN NUMBER:		LOAN NUMBER:	
CONTACT:	PHONE:	CONTACT:	PHONE:

BUSINESS INSURANCE

AGENCY:	POLICY NUMBER:
PHONE:	FAX:

ACKNOWLEDGEMENT

By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligation, provides written instruction to ARK Energy Finance or its designee (and any assignee or potential assignee thereof) authorizing your banks, trade references, and other financial institutions to release credit information to ARK Energy Finance and review of your personal credit profile from a national credit bureau as required. Such authorization shall extend to obtaining a credit profile in considering this application subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the application received. You also represent that the information you have provided is true and accurate.

BUSINESS NAME: _____

Signed: _____ Date: _____ Title: _____

Signed: _____ Date: _____ Title: _____

**Please fax completed application to: 952.826.7861
 Attn: Ivan**