



Fasig-Tipton

CREDIT APPLICATION

PLEASE COMPLETE ENTIRE FORM AND REMIT TO:

FASIG-TIPTON COMPANY INC
2400 Newtown Pike
LEXINGTON KY 40511
(859) 255-1555

FAX (859) 254-0794

SALE: _____ DATE: _____

AMOUNT OF CREDIT REQUESTED: _____
PURCHASES WILL BE IN THE NAME OF: _____
PERSON RESPONSIBLE FOR ACCOUNT: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____

TELEPHONE: HOME _____ BUS _____

MOBILE TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

FAX NUMBER _____

ACCOUNT/CREDIT INFORMATION TO BE OBTAINED BY APPLICANT FROM FINANCIAL INSTITUTION

In order for Fasig-Tipton Company, Inc. to process this credit application, certain account and credit information must be supplied by your financial institution-Bank, Credit Union, or Broker. Information required includes type of account, average balance during the past two years, existing lines of credit, officer's name and title, name and address of the institution, and the institution's telephone number. This information must be documented on the institution's letterhead and signed by the account officer.

By signing this form, applicant authorizes Fasig-Tipton Company, Inc. to perform a credit investigation. Please notify your financial institution that Fasig-Tipton will be contacting them about your request for credit.

SIGNATURE _____