

**POSITIVE FEEDBACK SOFTWARE, LLC  
 PO BOX 306  
 ROCKY MOUNT, VA 24151  
 (540) 243-0300**

**IN HOUSE CREDIT APPLICATION**

<b>BUSINESS INFORMATION</b>				
Business Name:			Telephone:	
Address:			Fax:	
City:	State:	Zip:	Years In Business:	Federal Tax ID:
<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> LLC				

<b>PRINCIPLES / OWNERS</b>			
Name:	Title:	% Ownership:	SSN:
Home Address:	City	State:	Zip:
Name:	Title:	% Ownership:	SSN:
Home Address:	City	State:	Zip:

<b>CREDIT REFERENCE</b>			
Business Bank:	Account#:	Telephone:	Contact:
Trade Supplier:	Account#:	Telephone:	Contact:
Trade Supplier:	Account#:	Telephone:	Contact:

<b>EQUIPMENT</b>	
Amount Requested:	General Description:
Term (In Months):	Purchase Options: <input type="checkbox"/> Fair Market Value <input type="checkbox"/> \$1.00 Buy Out <input type="checkbox"/> 10% Residual

<b>VENDOR</b>			
Name:	Contact:	Telephone:	Fax:
Address	City:	State:	Zip:

*Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes POSITIVE FEEDBACK SOFTWARE LLC and it's affiliates to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives right or claim that such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.*

X	Date:	X	Date:
Printed Name & Title:		Printed Name & Title:	

**Please e-Mail signed application to:  
 Accounting@MyFreePOS.net**