

Credit Application



**ALLSTATE
CAPITAL**

Allstate Capital, LLC
3665 Park Central Blvd North
Pompano Beach, FL 33064
800-949-0018 ext. 202
E-mail: johnp@allstatecapital.com

Contact: John Papadopoulos
Fax back to: 954-934-0465

LESSEE COMPANY INFORMATION

Type of Business:	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
Legal Business Name:	dba:				
Contact Email:				Federal Tax ID #:	
Best Contact # (cell):	Business Telephone:		Business Fax:		
Business Address (No PO Boxes):	City:	County:	State:	Zip:	
Equipment Location:	<input type="checkbox"/> Current Location	<input type="checkbox"/> New Additional Location	<input type="checkbox"/> Move of Current Location to a New Location		
Equipment Address (if different from above):	City:	County:	State:	Zip:	
Signer Name (please print):	Title:		No. Years in Business:		
Nature of Business:			No. Years in Business Under Current Ownership:		

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

Name:	Title:	Social Security Number:			
Home Address :	City:	State:	Zip:	Home Phone No.:	
Are you a U.S. Citizen?	Yes	No	% Bus. Owner:	Rent/Own Home:	
Name:	Title:	Social Security Number:			
Home Address :	City:	State:	Zip:	Home Phone No.:	
Are you a U.S. Citizen?	Yes	No	% Bus. Owner:	Rent/Own Home:	

COMPANY BANK REFERENCES -- TWO YEAR HISTORY

Name of Bank/Branch	How Long?	Chkg Acct #: Loan Acct #:	Telephone No.:	Contact:
Name of Bank/Branch	How Long?	Chkg Acct #: Loan Acct #:	Telephone No.:	Contact:

TRADE REFERENCES -- TWO YEAR HISTORY

Name of Supplier:	City/State:	Telephone No.:	Contact:
Name of Supplier:	City/State:	Telephone No.:	Contact:

VENDOR & EQUIPMENT INFORMATION

Vendor Name:	Heartline Fitness Products, Inc.	Telephone:	301-921-0661	Fax:	301-330-5479		
Vendor Address:	19209 Orbit Drive	City:	Gaithersburg	State:	MD	Zip:	20879
Equipment Description:	Equipment Cost:	Term:	Contact:	Bob Burgess			

By signing below, the undersigned individual who is either a principal of the credit applicant or a guarantor of its obligations, provides this true and correct written instruction to Allstate Capital, LLC, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau and any bank and trade references as required. Such authorization shall extend to obtaining a credit profile in consideration of the application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and/or for reviewing and collecting the resulting account. I/we agree that the security deposit is not refundable if information is found to be incorrect. Security deposit will be refunded if application is rejected by lessor. A Photostat or facsimile copy of this authorization shall be as valid as the original. By signature below, I/we affirm our identity as the respective individuals identified in the related application. All terms, conditions, rates, and programs are subject to credit approval.

X _____
Signature

X _____
Signature

**** Please include the last 3 months business bank statements, first page only ****