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 Chicago, IL 60613
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Please fax to 206.600.5312

Attn: Credit @Andalonpartnersllc

COMPANY INFORMATION			
Legal Company Name:		Email Address	
Company Address:			
City	State	Zip	
Main Company Phone	Fax		
Primary Contact:	Title	Cell Phone:	
Alternate Contact:	Title	Phone /Ext	
Entity Type (Check ONE) Sole Prop <input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/>		Time In Business Yrs.	Mos.
		*Fed ID#	
PERSONAL INFORMATION			
Officer Name	Title	*SS#	Ownership %
Own: <input type="checkbox"/> Rent <input type="checkbox"/>			
Home Address:	City	State:	Zip
Officer Name	Title	*SS#	Ownership %
Own: <input type="checkbox"/> Rent <input type="checkbox"/>			
Home Address:	City	State	Zip
BANK INFORMATION			
Bank Name	Account Number	Contact	Phone
Bank Name	Account Number	Contact	Phone
EQUIPMENT/VENDOR INFORMATION			
Vendor Name:	Contact	Phone	Fax
Equipment Type:	Amount: \$	New <input type="checkbox"/> Used <input type="checkbox"/>	Time frame of Acquisition
Lease Term in Months	Purchase Option	Monthly Budget	
12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/>	\$1 <input type="checkbox"/> 10% <input type="checkbox"/>	\$	
<p>By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Andalon Partners, LLC - Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional 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 above application.</p>			
SIGNATURE:	PRINT NAME:	DATE:	
SIGNATURE:	PRINT NAME:	DATE:	