

Web: www.GrowWithGreenlight.com info@GrowWithGreenlight.com (800) 710-3324 (303) 991-9848 Email:

Phone: Fax:

Credit Application

Company Information							
Legal Name Trade Name (dba)							
Date F	ormed State of Registration				Number of Employees		
Compa	any Address				FEIN#		
City / S	State / Zip				Phone # ()		
Туре с	f Business				Email		
Busine	ss Entity (C-Corp / S-Corp / LLC or Partnership / Sole Proprietor)				Website		
Own	ership Information						
Publicly Traded Company (Skip to Banking Information)		Privately Held Com	pany ((Comple	te Ownership Information for 20% or Greater Owners)		
Office	r/Partner	Ownership %			Title		
Home Address					Phone Number ()		
City / S	State / Zip						
Office	r/Partner	Ownership %			Title		
Home Address		·			Phone Number ()		
City / S	State / Zip						
Office	r/Partner	Ownership %			Title		
Home	Address				Phone Number ()		
City / S	State / Zip						
Bank	king Information						
Bank N	lame	Account #			Loans (Yes / No)		
Bank N	lame	Account #			Loans (Yes / No)		
Fina	ncing Information						
Credit	Amount Requested						
	nent Address (if different than place of business)						
Average Cost of Monthly Consumables		Ave	erage I	Monthl	y Sales		
Monthly Consumables Description							
Addi	tional Information - Please provide the following	when submitting	g this	s app	plication		
	Most recent interim financial statements		О)wners	' drivers license		
	Last two year end financial statements		А	/P Agir	ng Report		
	Last two year end business tax returns		А	/R Agiı	ng Report (if applicable)		
	Last two year end personal tax returns		Α	rticles	of Incorporation or Organization		
	Owner's personal financial statement		В	ylaws			
		Y	es	No	If Yes, explain		
1. Are	there any liens on equipment or other business assets?						
2. Has	s the company or any officer/owner filed for bankruptcy in the last 7 year	ars?					
3. Is t	ne company or any owner delinquent on Federal or State taxes?						
4. Is the company involved in any current or pending litigation?							

Licenses				
State:	License #			
State:	License #			
State:	License #			
State:	License #			
State:	License #			
State:	License #			
State:	License #			
State:	License #			
State:	License #			
State:	License #			

If there are additional licenses, please add below or provide an attachment with the information requested above.

Acknowledgement

PMW LLC dba Suite 420 Solutions in collaboration with Greenlight distribution will provide credit to qualifying companies.

I, individually and as an officer of the company, understand that PMW LLC dba Suite 420 Solutions will rely on the information provided in this application in its evaluation of the company's request. I hereby warrant that this information and any other information the company or I may supply represents a correct, complete and accurate disclosure of all requested information on the company and does not omit any information, the omission of which would make the information misleading. I further authorize PMW LLC dba Suite 420 Solutions to contact any other parties they may deem necessary for their investigation of this application and agree to hold PMW LLC dba Suite 420 Solutions harmless against any claims, direct or indirect that may result from receiving such information. I also understand that knowingly providing false or misleading information may constitute a criminal offense.

Signature	Date
Printed Name	Title
Signature	Date
Printed Name	Title
Signature	Date
Printed Name	Title