



FotoZoomer Credit Application

Please fax completed credit application to (702) 442-2040

Corporate Name _____ DBA/Company Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____ County _____

FAX # _____ Contact Person _____ Title _____ E-Mail Address _____

Federal ID # _____ Type of Business (circle one) _____ Business Start Date _____
 Corp LLC Partnership Proprietorship

Name Principal / Owner #1 _____ % owned _____ Title _____

Home Address _____ City _____ State _____ Zip _____ Home Phone Number _____

Social Security # _____ Date of Birth _____

Name Principal / Owner #2 _____ % owned _____ Title _____

Home Address _____ City _____ State _____ Zip _____ Home Phone Number _____

Social Security # _____ Date of Birth _____

Has the applicant ever had: Repossession _____ Bankruptcy _____ Judgment _____ Date of Occurrence _____

Applicant's Statement: Applicant (s) have answered questions fully and truthfully. Applicant (s) understand that FotoZoomer, LLC and /or related lenders and agents and/or its assigns ("FZ") may check applicant (s)' credit record. Applicant (s) give all of its creditors permission to give FZ and /or it's lenders any information needed to determine whether FZ will grant Applicant (s) credit.

Authorized Signature # 1 _____ Print Name _____ Title _____ Date _____

Authorized Signature # 2 _____ Print Name _____ Title _____ Date _____