

Commercial Credit Application



NAME OF DEALERSHIP: _____ **DLR#:** _____ **FAX#:** _____

Please complete all fields then sign and date at the bottom of the form. This information will be used to obtain credit approval for an electronic security system. Corporations must be in good standing with the Secretary of State and must be properly registered as marked under the Company Structure section below. **For Proprietorship/Partnership:** By signing below, the undersigned individual (who is either a sole proprietor, a partner, or personal guarantor of the credit applicant) authorizes and instructs Dealership above or its designee to obtain and review the individual's personal credit file from a credit reporting agency.

1. BUSINESS CONTACT INFORMATION:

Business Name: (and DBA)			
Headquarters Address:	City:	State:	Zip:
System location address:	City:	State:	Zip:
Contact Person:	Phone #:		
Year that Business Opened:	Federal Tax ID#:		
Address:	Social Security Number:		

2. COMPANY STRUCTURE:

<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership (LP)	<input type="checkbox"/> LLP/LLC/INC
<input type="checkbox"/> NPO	<input type="checkbox"/> Government	<input type="checkbox"/> Trust

3. DISCLOSURE OF NEGATIVE CREDIT (please check one that applies to your company now or in the past)

<input type="checkbox"/> Prior Agreement with Monitronics International in collections/default	<input type="checkbox"/> Prior/Current Repossession		
<input type="checkbox"/> Tax Lien	<input type="checkbox"/> Judgment	<input type="checkbox"/> Filed Bankruptcy	<input type="checkbox"/> Prior/Current Foreclosure
<input type="checkbox"/> None of the Above			

4. BANK REFERENCES

Bank Name:	Phone #:
Name on Checking Account:	Bank Account Number:

5. TRADE REFERENCES

Vendor Name:	Phone #:	Account #:
Vendor Name:	Phone #:	Account #:
Vendor Name:	Phone #:	Account #:

I hereby authorize the release of company and personal credit and financial information to the dealership listed above and its assignees.

By: _____ **Title:** _____

Signature: _____ **Date:** _____

FOR USE BY MONITRONICS AUTHORIZED DEALERS
Please complete and submit to Dealer Support | Fax: 972-481-9429 | Email: dealersupport2@monitronics.com