

360 Memorial Drive Crystal Lake, IL 60014 **Maytag Application Department P:** 866.374.0722 or 866.431.3217 **F:** 866.431.5302

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One-Page Credit Application for Maytag Financing Assistance

Borrower/Lessee			Maytag Distributor		
Legal Company Name:			Company Name:		
DBA: Fed Tax ID:		Sales Rep:			
State of Incorporation/Organization: D&B #:			Phone:		
Address:		_	Project Location / E	Existing Equipment Information	
City:	State:	Zip:	Address:		
Phone:			City:	State: Zip:	
Contact: Cell Phone:		Square Footage:	# Washers: # Dryers:		
E-mail: Fax:		Age of Laundry:	Years Under Current Owner:		
Time in Business: _			☐ Own Building	☐ Rent Building	
Type of Business:	☐ Partnership	☐ Proprietorship	Landlord:	Phone:	
•	☐ Corporation		Bank Information		
		_	Principal Bank:		
*** Please include a copy of your finalized sales order			Contact:	Phone:	
			*** Please include 3 months most recent bank statements		
Principal Informa	tion (100% Owners	ship Required - Please	Use Additional Pages If	Necessary)	
Name:			Name:		
Home Address:			Home Address:		
City:	State:	Zip:		State: Zip:	
Phone:			Phone:		
SSN: %Ownership:		SSN:	%Ownership:		
Annual Income: Source/Occupation:		Annual Income:	Source/Occupation:		
				•	
Trade References	s and Insurance Inf	ormation			
Company Name:			Contact:	Phone:	
Company Name:			Contact:	Phone:	
Insurance Agency Name:			Contact:	Phone:	
Proposed Finance	e Terms				
I hereby represent all inform distributor of Maytag or its	nation is true, correct and co assigns. Submitter complies	mplete. I/we hereby authorize the re	elease of any credit information, busir IOT Act. This law mandates that subi	ance Type: Loan Lease ness or personal to the submitter, its assigns, or the above mitter or its assigns request and verifies certain information.	
	, , ,		Title:	Date:	
				Date:	