

UNIVERSAL FINANCE CORP.

2 Linden Street, Suite 2

Reading, Massachusetts 01867

Tel: (781) 439-6000 Fax: (781) 944-9184

Once completed please either
e-mail application to
info@universalfinco.com or
fax application to
781-944-9184.

Date: _____

APPLICATION

ACCT #: _____

COMPANY NAME:			CELL PHONE:		
COMPANY ADDRESS:			YEARS IN BUSINESS:		
GARAGE ADDRESS:					
LAST (Principal):		FIRST:		MIDDLE:	
HOME ADDRESS:			HOW LONG:		TELEPHONE:
TITLE:		DOB:		SS#:	DRIVER LIC NUM:
EMAIL:			WEBSITE:		
BRIEFLY DESCRIBE OPERATION:					
BANK REFERENCE:		CONTACT NAME:		PHONE:	
WORK REFERENCE 1:		CONTACT NAME:		PHONE:	
WORK REFERENCE 2:		CONTACT NAME:		PHONE:	
WORK REFERENCE 3:		CONTACT NAME:		PHONE:	
INSURANCE AGENT:		ADDRESS:		TELEPHONE:	

Sign: _____

By signing above, I hereby certify that the above information is correct to the best of my knowledge. I authorize Universal Finance Corp. and/or its lenders and assigns to obtain personal credit information on myself and other principals of the organization; and I authorize my banks and creditors to release any and all credit information needed for thorough evaluation. I understand that I may be required to supply additional information.