



Diadem Financial Group
 Diadem Enterprises, LLC
 P.O. Box 7039 Baltimore, MD 21216
 Tel. 888-DIADEM-1 (888-342-3361) Fax 410-558-6169
www.diademfinancial.com info@diademfinancial.com

Required Documentation:

- Clear Copy of Drivers License
- Business License
- 3 Months Bank Statements (Front Page Only)
- 2 Years Tax Returns (\$75K and Above)
- 2 Years Corporate Financials (\$125K & Above)
- Other _____
- Other _____

CREDIT APPLICATION

BUSINESS INFORMATION					
BUSINESS NAME			CONTACT		TITLE
BUSINESS ADDRESS			TELEPHONE	FAX	
CITY	STATE	ZIP	EMAIL		
SOLE PROPRIETOR _____ CORPORATION _____ PARTNERSHIP _____			WEBSITE ADDRESS		
NATURE OF BUSINESS	YRS IN BUSINESS	REGISTRD STATE	FED TAX ID NUMBER	D&B NUMBER	

OFFICER INFORMATION					
OFFICER #1		TITLE	% OWNERSIP	SOCIAL SECURITY NUMBER	
HOME ADDRESS			HOME PHONE		
CITY	STATE	ZIP	YRS @ Current Address	OWN/ RENT HOME	
OFFICER #2		TITLE	% OWNERSIP	SOCIAL SECURITY NUMBER	
HOME ADDRESS			HOME PHONE		
CITY	STATE	ZIP	YRS @ Current Address	OWN/ RENT HOME	

BANK INFORMATION		
BANK NAME	CHECKING _____ LOAN _____ SAVINGS _____	
ACCOUNT NUMBER	CONTACT	TELEPHONE

TRADE REFERENCES			
SUPPLIER	ACCOUNT #	CONTACT	PHONE #
SUPPLIER	ACCOUNT #	CONTACT	PHONE #

LEASE / LOAN REFERENCE			
NAME OF LENDER	ACCOUNT #	CONTACT	PHONE #

VENDOR INFORMATION			
EQUIPMENT VENDOR		CONTACT	PHONE #
ADDRESS		TERM REQUESTED (Months) 12 24 36 48 60 72	
CITY	STATE	ZIP	EQUIPMENT SELLING PRICE \$.
EQUIPMENT TYPE / DESCRIPTION			

The above information together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. By signing below, the undersigned, which is either a principal of the applicant or a personal guarantor of its obligations, provides written instruction to Diadem Financial Group, Diadem Enterprises, LLC and its underwriting affiliates or its assigns authorizing review of his/her personal credit bureau. Such authorization shall extend to obtaining a credit file in considering this application for reviewing or collecting the resulting account. A Photostat or Facsimile copy of this authorization shall be valid as the original. By signature I affirm my identity as the identified in this application.

OFFICER #1	OFFICER #2
Name (Print) : _____	Name (Print) : _____
Signature: _____	Signature: _____
Title: _____ Date: _____	Title: _____ Date: _____