TKS Cold Storage Mfg & Construction
6680 Alhambra Ave #219, CA 94553
Credit Application Ph: (800) 370 9907 Fax: (925) 347 0449

Legal Name of Company		Amount Requested		Term Requested	
Business Address		City	State	Zip	County
Equipment Location (if different from above)		City	State	Zip	County
Contact / Title		Phone Number		Fax Number	
E-Mail Address	Federal Tax ID#	Years Under Present Ownership		Cell #:	
Landlord Name & Ph #:		Insurance Agent Name & Phone #:			
Type of Business		Corp. ☐ S-Corp. ☐ Partner. ☐ Proprietor. ☐ L.L.C. ☐		Number of Employees	

Principal Information For All Owners

Full Name	Home Address		City	State	Zip
SSN	% of Ownership	Title:	Home Ph #:	Cell #:	
Full Name	Home Address		City	State	Zip
SSN	% of Ownership	Title:	Home Ph #:	Cell #:	
Full Name	Home Address		City	State	Zip
SSN	% of Ownership	Title:	Home Ph #:	Cell #:	

Business Bank References

Bank	Account Name	Account Number	Contact	Phone Number	Balance

Business Trade / Loan References

Supplier / Institution	Account Name	Account Number	Contact	Phone Number	Balance

AUTHORIZATION FOR DISCLOSURE OF CREDIT INFORMATION

I hereby authorize you to disclose to any assigned lender or nominee the personal and/or business information as may be required concerning the above statements or attached enclosures within the framework of the Fair Credit Reporting Act. I hereby represent to any assigned lender or its assignees that such information is true, correct and complete. A Photostatted copy of this authorization shall be valid as the original.

SIGNATURE	**TITLE**	**DATE**	**SIGNATURE**	**TITLE**	**DATE**
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