



Ford Motor Credit Company

Business Credit Application

Commercial Product Line: _____

☐ Joint ☐ Individual

Declaring:

Representing:

Date:

Note: Partnerships, Corporations or LLCs complete this section.

Corporations or partnerships submit last year and current statements and most current balance sheet and profit/loss.

Business or current tax return.

Corporation:	☐	S:	☐	Non-Profit Organization:	☐	Partnership:	☐
Business Name:				Trade Name / DBA:			
				Tax ID Number:			

Business Address:		City:		County:	State:	Zip Code:
Street Address 1:	Street Address 2:					

Type of Business:	State of Organization:	Date Business Established:

Business Phone No.	Monthly Income:	Street Address:	
1			
Principal Name 1	Title:	% Owned:	
Principal Name 2	Title:	% Owned:	
Principal Name 3	Title:	% Owned:	

* If more than three Principals, please attach records sheet listing information.

Note: Individual, Owner, Sole Proprietorship complete this section

Name (First, MI, Last, Suffix):

Sex, Mar. Sta.	Date of Birth:	Personal Email Address:

Other Name(s) under which applicants credit references or history can be found:

Present Address:	City:	County:	State:	Zip Code:
Address 1:	Street Address 2:			

Billing Address (if different):	City:	County:	State:	Zip Code:
Street Address 1:	Street Address 2:			

Home Phone No.	Company Name:	Company Phone No.
1		1
Cell Phone No.	Driver's License #:	Time on Job:
1		Years

Own Home (Own/Lease):	Living with Relative (Yes/No):	Live Time (Monthly Pmt. \$):	Years:	Months:
1	1			
Buying Home:	Leasing/Renting:			

Mortgage Lender/Landlord (Name & Address):	Banking Reference:	Account Number:

Name and address of applicant's nearest relative not in household:	Relationship:	Home Phone:
		1

Name and address of applicant's personal reference known over 1 year:	Home Phone:
	1

* Primary, sole support or separate maintenance income need further investigation if you do not wish to have it considered as a basis for reporting this obligation.	* Secondary Income:	Source:	Gross Monthly Income:
			1

Previous Employer/Contractor (if less than 12 years):	Phone Number:	How Long:
	1	Years

Address of Previous Employer:	City:	State:	Zip:
Street:			

Ford Motor Company Application Form

J Rink



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