



2961 Drywall Dr  
 Myrtle Beach, SC 29577  
 Office : 843.626.1900 Fax: 843.448.9899  
 Toll Free: 800.232.6437

## APPLICATION FOR CREDIT

### Customer Information

Business Name: *(correct legal name)* \_\_\_\_\_

Trade Name: *(if applicable)* \_\_\_\_\_

Business Mailing Address : \_\_\_\_\_

(Street) (City) (State) (Zip) (County)  
 Business Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Business Website Address : \_\_\_\_\_

Primary Contact Name(s): \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Business Email : \_\_\_\_\_

### Business Owner/Officer/Member/Partner

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Street) (City) (State) (Zip) (County)  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell : (\_\_\_\_) \_\_\_\_\_ Email : \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Street) (City) (State) (Zip) (County)  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell : (\_\_\_\_) \_\_\_\_\_ Email : \_\_\_\_\_

### Business Information

Business Type: *(check one)*  Proprietorship  Corporation  LLC  Partnership FED ID # \_\_\_\_\_ - \_\_\_\_\_ State: \_\_\_\_\_

Industry: *(check one)*  Amusement (FEC, Arcade)  Amusement (Route)  OCS  Vending  Gaming/Lottery  Other: \_\_\_\_\_

Year Business Started : \_\_\_\_\_ Annual Revenues in Most Recent Year: \_\_\_\_\_ Average Split %: \_\_\_\_\_

Food/Plush/Music Costs: \_\_\_\_\_ #of Locations: \_\_\_\_\_ Types of Location: \_\_\_\_\_ # Pieces of Equipment: \_\_\_\_\_

Types of Equipment: \_\_\_\_\_

### Credit References (Minimum of Three)

\_\_\_\_\_  
 (Vendor/Trade Reference) (phone #) (Contact Name) (years with vendor/trade) (Current Balance)

\_\_\_\_\_  
 (Vendor/Trade Reference) (phone #) (Contact Name) (years with vendor/trade) (Current Balance)

\_\_\_\_\_  
 (Vendor/Trade Reference) (phone #) (Contact Name) (years with vendor/trade) (Current Balance)

\_\_\_\_\_  
 (Loan Reference) (phone #) (Contact Name) (Loan/Lease #) (Current Balance) (monthly pmt)



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**Company Bank Reference**

Name of Bank/Branch: \_\_\_\_\_ Chkg Acct# \_\_\_\_\_ Contact Person: \_\_\_\_\_

City/ State: \_\_\_\_\_ Loan Acct#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Bank/Branch: \_\_\_\_\_ Chkg Acct# \_\_\_\_\_ Contact Person: \_\_\_\_\_

City/ State: \_\_\_\_\_ Loan Acct#: \_\_\_\_\_ Phone #: \_\_\_\_\_

The above information is given solely for the purpose of obtaining credit approval from Legacy Coin Operated Distributors. Any terms acquired will result in 18 % annual is added to and payable on any invoice that is past due. Terms are subject to change without notice.

I certify that the information provided is true correct to the best of my knowledge and agree to be bound by the terms and conditions of sale.

Print or Type Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Equipment Finance**  
**Credit Verification Authorization**

I/We authorize Legacy Coin Distributors to make whatever credit inquires are deemed necessary in connection with my credit application or in the course of review or collection of any credit extended in reliance of the application I authorize and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain in response to such inquires.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account number: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE FAX BACK to (843)448-9899  
 Or EMAIL to LegacydistSales@gmail.com