

**FOCUS SOFTWARE PHONE: (800) 704-4445
APPLICATION FOR CREDIT**

Company Name (1) Owner(s)/Officer(s), Full Name (2) Owner(s)/Officer(s), Full Name

Street Address Home Street Address Home Street Address

City, State, Zip City, State, Zip City, State, Zip

Phone Number Phone Number Phone Number

Fax Number S.S. Number S.S. Number

County Located In Title % Ownership Title % Ownership

Sole Proprietorship _____ Partnership _____ Corporation _____ LLC _____

Date Business Established _____ Years of Present Ownership _____ Federal I.D. # _____

Name of Landlord or Mortgage Holder

Contact Name Phone Number

Bank Name Phone Number

Business Checking Account # Officer To Contact

Trade Reference City / State Phone Number Account #

Trade Reference City / State Phone Number Account #

Focus Software _____ **800-704-4445** _____ **810-885-6707** _____
Vendor Name Phone Number Fax #

FOCUS Floor Covering Software _____ **48** _____
Equipment Price # Months Requested:

The undersigned (1) authorizes AXIS Capital, Inc., its heirs & assigns to obtain a personal credit report on all principals & guarantors for credit purposes, and (2) authorizes the release to AXIS Capital, Inc. of all credit information it may request, including business & personal banking, mortgage, landlord, trade & lease information.

By: _____ Title: _____ Date: _____

By: _____ Title: _____ Date: _____

PLEASE FAX APPLICATION TO (810) 885-6707 WHEN COMPLETE

AXIS CAPITAL INC. 5461 PONY EXPRESS TRAIL CAMINO, CA 95709