

**JOSEPH W. BRADY, INC. dba THE BRADCO COMPANIES**  
**CONFIDENTIAL CREDIT APPLICATION**

**PERSONAL INFORMATION**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(if Different from Above)*

Previous Address (if less than 2 years) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Tel. No.: ( ) \_\_\_\_\_

Fax No.: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_ Work Tel. No.: ( ) \_\_\_\_\_

**SPOUSE'S INFORMATION**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(if Different from Above)*

Previous Address (if less than 2 years) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Tel. No.: ( ) \_\_\_\_\_

Fax No.: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_ Work Tel. No.: ( ) \_\_\_\_\_

**BUSINESS INFORMATION**

Proposed Use: \_\_\_\_\_

Full Legal Company Name: \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_

dba: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Current Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Leased Under:  Corporation  Partnership  LLC  LLP  Individual(s)

State of Corporation/Partnership: \_\_\_\_\_ Date of Incorporation/Partnership \_\_\_\_\_

Years in Business: \_\_\_\_\_ Person to Contact: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Current Landlord: Telephone: ( ) \_\_\_\_\_ Landlord's Name \_\_\_\_\_

Previous Landlord: Telephone: ( ) \_\_\_\_\_ Landlord's Name \_\_\_\_\_

**HAVE YOU EVER FILED BANKRUPTCY?**

Personal:  Yes  No Date \_\_\_\_\_ Discharged?  Yes  No

Business:  Yes  No Date \_\_\_\_\_ Discharged?  Yes  No

1st Trust Deed Holder: \_\_\_\_\_  Business:  Residence:

Lenders Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Loan Balance: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_ Account No.: \_\_\_\_\_

2nd Trust Deed Holder: \_\_\_\_\_  Business:  Residence:

Lenders Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Loan Balance: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_ Account No.: \_\_\_\_\_

**PLEASE LIST ALL BANK(S) (BUSINESS AND PERSONAL)**

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Average Balance: \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Name: \_\_\_\_\_ Acct: # \_\_\_\_\_  Personal  Business

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Average Balance: \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Name: \_\_\_\_\_ Acct: # \_\_\_\_\_  Personal  Business

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Average Balance: \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Name: \_\_\_\_\_ Acct: # \_\_\_\_\_  Personal  Business

**TRADE REFERENCES, BUSINESS (IF NONE, USE PERSONAL)**

1.) Name of Account: \_\_\_\_\_ Telephone No: ( ) \_\_\_\_\_

Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acct: # \_\_\_\_\_  Personal  Business

2.) Name of Account: \_\_\_\_\_ Telephone No: ( ) \_\_\_\_\_

Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acct: # \_\_\_\_\_  Personal  Business

Insurance Agency: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_



a commercial real estate company

p.o. box 2710

victorville

california

92393-2710

760.951.5111

fax 760.951.5113

Address: \_\_\_\_\_ Agent: \_\_\_\_\_

Comments: \_\_\_\_\_  Personal  Business  Auto

Type of Use: \_\_\_\_\_

I hereby authorize any person or company to supply any information requested concerning the above-mentioned company or myself; and authorize Joseph W. Brady, Inc. dba The Bradco Companies to request a TRW, Experian, Equifax, Trans Union and Dunn & Bradstreet or equivalent credit report.

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

By: \_\_\_\_\_  
(Please Type or Print)

Please return to: The Bradco Companies  
P.O. Box 2710, Victorville, CA 92393-2710  
Telephone (760) 951-5111 ■ FAX (760) 951-5113  
[www.thebradcocompanies.com](http://www.thebradcocompanies.com)

*Thank you*