Microsoft® Financing

Credit Application

Please fax completed application to: 866.836.4276
To contact sales support, please e-mail us at: sales.support.us@microsoftready-finance.com
Or call 866.826.4276

PARTNER INFORMATION

Partner		Contact		
Address		Phone		Fax
City	State	Zip	E-mail	

CUSTOMER INFORMATION

Full legal name of company	Phone	Fax	
DBA (if any)	E-mail Address		
Address	City	State	Zip
Contact Name	Website		

☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Non-Profit ☐ Other _____

Bank Name:	Phone No.
Contact:	Acct No.
Bank Name:	Phone:
Contact:	Acct No.

PERSONAL INFORMATION (COMPLETE IF COMPANY LESS THAN 2 YEARS IN BUSINESS OR A SOLE PROPRIETORSHIP)

Owner/officer(s)			Owner/officer(s)		
Social Security #	Title		Social Security #	Title	
Address			Address		
City	State	Zip	City	State	Zip

PRODUCT INFORMATION

PLEASE PROVIDE TOTAL DOLLAR AMOUNT FOR EACH CATEGORY

A. Microsoft License Only Software	$ _____
B. Microsoft Enterprise Agreement or Select with Software Assurance	$ _____
C. Microsoft Enterprise Agreement True-Up	$ _____
D. Microsoft Consulting Services and Support	$ _____
E. Third Party Software	$ _____
F. Hardware	$ _____
G. Partner Consulting and Implementation Service Fees	$ _____
Total Estimated Products Price (sum of A-G)	**$** _____

REQUESTED TERM:
☐ 24 mos. ☐ 36 mos.
☐ 48 mos. ☐ 60 mos.

OPTIONAL SMARTPAY PROMOTION
☐ Zero payments for 6 months

You, the "Applicant" (which term includes the business entity as well as the undersigned individual(s)), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. CIT Technology Financing Services, Inc. ("CIT") or its designees, may obtain information from others concerning Applicant's credit and trade standing and other relevant information affecting this Application and provide to others information about its transaction and experiences with Applicant. CIT may obtain credit reports, including consumer credit reports, in connection with the Application, and at Applicant's request, will tell Applicant whether a credit report was obtained and, if so, the name and address of the reporting agency which provided it. Provided credit is granted, CIT may, without further notice to Applicant, use or request subsequent credit bureau reports (1) to update CIT's information, (2) in connection with a renewal or extension, and/or (3) in connection with Applicant's request for additional services. Applicant agrees that CIT may get or share credit information with its agents and assignees regarding the Guarantor(s) or Applicant's owners in considering the Applicant's Application. Except as otherwise prohibited by law, Applicant agrees and consents that CIT may share with affiliates and others all information about Applicant that CIT has or may obtain for, among other things, the purpose of evaluating credit applications or offering Applicant products or services that CIT believes may be of interest to Applicant. Applicant represents that it has reviewed this document and the information herein is true, correct and complete.

THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT CIT'S ECOA COMPLIANCE / CREDIT DEPARTMENT WITHIN SIXTY(60) DAYS OF RECEIPT OF AN ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO PO Box 550599, JACKSONVILLE, FL 32255. WHEN CONTACTING THE DEPARTMENT, PLEASE BE SURE TO REFERENCE THE APPLICATION NUMBER ON THE NOTIFICATION LETTER. CIT WILL PROVIDE APPLICANT WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER CIT HAS RECEIVED APPLICANT'S REQUEST.

NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT), BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM, OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING CIT IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, DC, 20580.

APPLICANT HEREBY AUTHORIZES CIT OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY CIT TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM APPLICANT OR FROM ANY OTHER PERSON PERTAINING TO APPLICANT'S CREDIT AND FINANCIAL RESPONSIBILITY.

Authorized Signature	Title	Date
Authorized Signature	Title	Date

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