



**SOUTHEASTERN PENNSYLVANIA TRANSPORTATION AUTHORITY
CREDIT APPLICATION
FOR ALL OVER-THE-COUNTER SALES LOCATIONS**

SALES REPRESENTATIVE:		ACCOUNT NUMBER:	
A PERSON DESIRING TO DISTRIBUTE SEPTA BOARDING INSTRUMENTS ON CONSIGNMENT MUST COMPLETE THIS APPLICATION.			
APPLICANT(S):		BUSINESS TRADE NAME:	CURRENT CONTACT(S):
REFERRED TO BY:	ADDRESS: STREET, CITY, STATE, ZIP		PHONE NUMBER:
			() -
LANDLORD'S NAME, LEASE EXPIRATION:			FAX NUMBER:
			() -
BUSINESS LEGAL FORM:		DATE BUSINESS WAS ESTABLISHED:	NUMBER OF EMPLOYEES:
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			
BUSINESS DESCRIPTION - PRODUCTS/SERVICES:			
WEBSITE ADDRESS:		EMAIL ADDRESS:	
COMPETITION - WITHIN 6 BLOCKS:			GROSS ANNUAL SALES \$:
PRINCIPAL/OWNER(S) NAME(S):	TITLE:	SOCIAL SECURITY NO.:	OWNERSHIP %:
BANK:	ABA NUMBER:		ACCOUNT NUMBER:
ACCOUNTING FIRM:	ADDRESS:		PHONE NUMBER:
			() -
TRADE REFERENCES:			
1. FIRM:	CONTACT:		ADDRESS:
TYPE OF BUSINESS:		PHONE NUMBER:	MONTHLY TRADE VOLUME \$:
		() -	
COMMENTS:			
2. FIRM:	CONTACT:		ADDRESS:
TYPE OF BUSINESS:		PHONE NUMBER:	MONTHLY TRADE VOLUME \$:
		() -	
COMMENTS:			

PERSONAL INFORMATION (COPY THIS SHEET FOR ADDITIONAL PARTNERS OR PRINCIPALS)

INFORMATION TO BE SUBMITTED FOR ALL SOLE PROPRIETORS, PARTNERS AND PRINCIPALS OF A CORPORATION. SEPTA MAY WAIVE THIS REQUIREMENT AT ITS OWN DISCRETION.			
NAME:		SOCIAL SECURITY NO.:	BIRTH DATE:
HOME ADDRESS:		YEARS AT CURRENT ADDRESS:	
		FROM: _____ TO: _____	
CITY:	STATE:	ZIP:	PHONE NUMBER:
			() -
MARITAL STATUS:	NUMBER OF DEPENDENTS:	DRIVER LICENSE NUMBER:	STATE:
<input type="radio"/> MARRIED <input type="radio"/> SINGLE			
MEMBERSHIPS:			
1.			
2.			
EMPLOYMENT HISTORY: (SOLE PROPRIETOR OR CONTROLLING PARTNER)			
1. EMPLOYER:		ADDRESS:	
POSITION:	SALARY:	FROM:	TO:
2. EMPLOYER:		ADDRESS:	
POSITION:	SALARY:	FROM:	TO:
SELF-EMPLOYMENT:			
1. BUSINESS TRADE NAME:		ADDRESS:	
DESCRIPTION:	GROSS SALES \$:	FROM:	TO:
2. BUSINESS TRADE NAME:		ADDRESS:	
DESCRIPTION:	GROSS SALES \$:	FROM:	TO:
THE FOLLOWING DOCUMENTATION MUST BE ATTACHED:			
<ul style="list-style-type: none"> CORPORATIONS ATTACH THE MOST RECENT AUDITED OR REVIEWED FINANCIAL STATEMENTS. SOLE PROPRIETORS AND PARTNERSHIPS ATTACH PERSONAL FINANCIAL STATEMENTS. 			
I, THE UNDERSIGNED, AUTHORIZE SEPTA TO CHECK MY CREDITWORTHINESS. ON REQUEST, SEPTA WILL INFORM ME OF WHAT CREDIT BUREAU PROVIDED CREDIT THE REPORT.			
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE. ANY FALSE OR MISLEADING INFORMATION SHALL BE CAUSE FOR CANCELLING THE AGREEMENT BETWEEN THE CONSIGNEE AND SEPTA.			
APPLICANT'S SIGNATURE:	APPLICANT'S POSITION:	DATE:	
SEPTA USE ONLY			
REVIEWED BY CREDIT SUPERVISOR:			DATE:
ENTERED ON SYSTEM:			DATE: