



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

SALES REPRESENTATIVE:		SEPTA ACCOUNT NUMBER:	
A PERSON DESIRING TO DISTRIBUTE SEPTA BOARDING INSTRUMENTS ON CONSIGNMENT MUST COMPLETE THIS APPLICATION.			
APPLICANT NAME:	BUSINESS TRADE NAME:	CURRENT CONTACT:	
ADDRESS: (Include Zip Code, Intersection and directional corner.)			PHONE NUMBER:
			()
LANDLORD'S NAME, LEASE EXPIRATION:			FAX NUMBER:
			()
BUSINESS LEGAL FORM:	DATE BUSINESS STARTED/PURCHASED:	NO. OF EMPLOYEES:	
<input type="radio"/> SOLE PROPRIETORSHIP <input type="radio"/> PARTNERSHIP <input type="radio"/> CORPORATION			
BUSINESS DESCRIPTION - PRODUCTS/SERVICES:			
WEB ADDRESS:		EMAIL ADDRESS:	
COMPETITION - WITHIN 6 BLOCKS:			GROSS ANNUAL SALES \$:
PRINCIPAL/OWNER NAME(s):	TITLE:	SOCIAL SECURITY NO.:	OWNERSHIP %:

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

INFORMATION TO BE SUBMITTED FOR ALL SOLE PROPRIETORS AND PARTNERSHIPS.			
NAME:		SOCIAL SECURITY NO.:	BIRTH DATE:
HOME ADDRESS: STREET, CITY, STATE, ZIP		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.			
I, THE UNDERSIGNED, AUTHORIZE SEPTA TO CHECK MY CREDITWORTHINESS. ON REQUEST, SEPTA WILL INFORM ME OF WHAT CREDIT BUREAU PROVIDED THE CREDIT REPORT. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE. ANY FALSE OR MISLEADING INFORMATION SHALL BE CAUSE FOR CANCELING THE AGREEMENT BETWEEN THE CONSIGNEE AND SEPTA.			
APPLICANT'S SIGNATURE:		APPLICANT'S POSITION:	DATE:
SEPTA USE ONLY			
REVIEWED BY CREDIT SUPERVISOR:			DATE: