



FAX FORM TO 918-459-2751

CREDIT APPLICATION / LEASEE INFORMATION				
Name (First and Last):		Social Security #:		D.O.B.
Home Address:		City:	St:	Zip:
Telephone:	Cell:	Email:		
Lease Address:		City:	St:	Zip:

The undersigned certifies that the information contained herein is complete and accurate. This information has been furnished to Brooks Industries with the understanding it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, the undersigned grants Brooks Industries permission to verify all information stated herein. I / We hereby agree that all credit granted and / or extended shall be repaid in accordance with the terms set by Brooks Industries.

Signature _____

Print Name _____ Date _____

OKC 405-685-1200

TULSA 918-459-8382