

CREDIT APPLICATION

Equipment Supplier		
Equipment Supplier	Phone Number	Contact Name
Type of Contract		
Number of Months (circle one) 24 36 48 60	Type of Lease (circle one) 10% \$1.00 Buyout	Equipment Cost (without tax) \$

Equipment to be Financed - (include make, model & serial #'s and any attachments)

Customer Information			
Company Name			
Address		City	State Zip
Phone Number	Cell Phone	FaxNumber	E-Mail Address
Check One <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		No. Years	Lessee Contact
Principal/Partner/Officer		% Owned	Principal/Partner/Officer % Owned
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Home Phone	Social Security	Home Phone	Social Security

Trade References		
Supplier	Account Number & Contact	Phone Number
Supplier	Account Number & Contact	Phone Number

Bank Reference *			
Bank Name	Checking Account #	Phone Number	Contact Name

***To help expedite the approval process 2-3 months of bank statements may be requested**

By providing the above information, the applicant(s) authorize you to who this application is made or your agents to investigate my/our financial responsibility and creditworthiness and will provide financial statements, tax returns, etc. as deemed necessary. I/we authorize you to update my/our credit profile from time to time in the future as you deem appropriate.

Signature	Date
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