

INDIVIDUAL / SOLE OWNERSHIP BUSINESS APPLICANT

Legal Name First MI Last

Social Security #. _____ Date of Birth: _____

Driver's License #. _____ State: _____ Expires on: _____

Street Address _____ City, State _____ Zip _____

Mailing Address _____ City, State _____ Zip _____

Home Phone #. _____ Residence: Own Rent Other: _____

Years at Address _____ Less than 3?, Previous address: _____ # Yrs _____

City, State, ZIP: _____

Intended Use of Equipment: _____

Employer Name _____ Position: _____

Employer Address _____ Gross Monthly Salary: _____

Phone # _____ # of Years: _____ If Less than 2, List Previous :

Previous Employer Name & Address: _____

Phone _____ # Yrs _____ Mo. Income: _____

Nearest Relative NOT living with you:

Name _____ Relationship: _____

Address _____ City, State _____ Zip _____

Phone # _____

BUSINESS APPLICANT

Type: Proprietorship Partnership Corporation LLC Government

Business Name _____ TAX ID# _____

Address _____ City, State: _____ ZIP _____

Phone _____ Year Established: _____ # Of Employees: _____

Gross Annual Income: _____ Gross Annual Sales: _____ Date: _____

Name(s) of Owners or Principal Officers _____

With Titles _____

Industry: _____ Type of _____

Farming: Full-time, Part-time or Hobby? _____ Livestock / Crops: _____

of Acres Owned _____ # of Acres Rented: _____

Construction Sand / Gravel Excavating Plumbing/Sewer Landscape/Mowing Golf Course

Other, Describe: _____

If Contractor: Prime OR Sub, give Name of Primary: _____

CO-APPLICANT / GUARANTOR TO BUSINESS

Legal Name *First* _____ *MI* _____ *Last* _____ Relationship to _____
 Social Security #. _____ Date of Birth: _____ Primary Applicant: _____
 Driver's License #. _____ State: _____ Expires on: _____
 Street Address _____ City, State Zip _____
 Mailing Address _____ City, State Zip _____
 Home Phone #. _____ Residence: Own Rent Other: _____
 Years at Address _____ Less than 3?, previous address: _____ # Yrs _____
 Employer Name _____ Position: _____
 Employer Address _____ Gross Monthly Salary: _____
 Phone # _____ # of Years: _____ If Less than 2, List Previous : _____
 Previous Employer Name & Address: _____ # Yrs _____

Nearest Relative NOT living with you:
 Name _____ Relationship: _____ Phone _____
 Address _____ City, State ZIP _____

OTHER INCOME

Source: _____ Monthly Amount: _____

CREDIT REFERENCE

Creditor: _____ Contact _____
 Address: _____ Phone _____
 City, State: _____ Loan # _____

INSURANCE COVERAGE will be required if property/equipment is used as security.

My Insurance Agent will send a Certificate: Please finance the required Coverage
 Agent Name: _____ FAX # _____
 Address: _____ Phone _____
 City, State, ZIP: _____

Has any applicant had any unsatisfied judgments rendered against them or equipment repossessed in the last 7 years, or been declared bankrupt in the past 10 years? YES NO

NOTICE TO CALIFORNIA RESIDENTS: If you are married you may apply for a separate account.

I hereby certify that these statements are correct to the best of my knowledge and are made for the purpose of obtaining financing. I authorize you to obtain any information including but not limited to credit reports which you may require concerning this application and I agree that this application shall remain your property, whether the financing is granted or not, I acknowledge receipt of a copy of this application sheet.
 You have my consent to obtain my credit report in connection with my application for credit and for any of the following purposes:
 Extending credit to me, reviewing my account, increasing the credit line on my account, confirming my current address and telephone number, taking collection action on the account, and other legitimate purposes associated with the account.

Applicant's Signature: _____ **Date:** _____
Co-Applicant / Guarantor's Signature: _____ **Date:** _____