

EQUIPT

2601 Niagara Lane
Plymouth, MN 55447 (888) 337-8478

CREDIT APPLICATION

Please fax to:
(763) 694-2644

Note: Please call 1-888-337-8478 where an EQUIPT representative will be happy to assist you with any questions you have regarding completing this credit application.

Equip Dealer Name (if applicable) _____

Equipment Description _____

Total Price Without Tax (Call for quote) \$ _____ Finance Period Desired (Months) _____

Company Name _____ Tax ID/EIN # _____

Street _____ Phone _____ Fax _____

City _____ State _____ Zip _____ County _____
Years in Business _____

Check One: Corporation _____ Sole Proprietorship _____ Partnership _____ 501C _____ Website _____

1. Officer Name _____ % Ownership _____ Title _____

Street _____ Phone _____ SSN # _____

Alt. Phone 1 _____ Alt. Phone 2 _____ Email _____

City _____ State _____ Zip _____ State Professional License # _____

2. Officer Name _____ % Ownership _____ Title _____

Street _____ Phone _____ SSN # _____

Alt. Phone 1 _____ Alt. Phone 2 _____ Email _____

City _____ State _____ Zip _____ State Professional License # _____

Bank *(Bank Accounts should be at least two years old, if less, please also supply previous bank references.)*

Bank _____ Type of Account _____ Date Opened _____

Contact _____ Phone _____ Acct # _____

Trade References

Name _____ Contact (& Acct #) _____ Phone _____ Fax _____

Name _____ Contact (& Acct #) _____ Phone _____ Fax _____

Name _____ Contact (& Acct #) _____ Phone _____ Fax _____

Landlord _____ Phone _____

The undersigned represents that all information provided with this application is true and correct and hereby authorizes the proposed financing institution to obtain from third parties information deemed necessary to arrive at a credit decision. By signed below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes the proposed financing institution, its designee, assignees or potential assignees, to review his/her personal credit profile provided by national credit bureaus in considering his application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be as valid as the original.

Authorized Signature _____ By _____ Title _____

Authorized Signature _____ By _____ Title _____