Credit Application

Address (Street, City, State, ZIP): Equipment Location (Street, City, State, ZIP):		Tax ID#: Phone Number:		
Year Started:	Email Address:			
☐ Date of Proprietorship:	□ Date of Partnership/L	LP: □ Date o	of Incorp./LLC:	State:
SUPPLIER AND EQUI	PMENT DESCRIPTION (Atta	ch an invoice or quotation	on if available)	
Supplier:	Supplier:		ance Term (mo):	
		Eq	uipment Cost:	
Phone:	Contact:	Do	wn Payment:	
Equipment Description:		Tot	tal Cost:	
INSURANCE INFORM	ATION: Insurance coverage require	d in accordance with fina	ance agreement(s)	
Insurance Company:	Agent:		Phone Number:	
Applicant: S	ocial Security No.:	Home Address, Ci	ity, State and ZIP:	:
Co-Applicant:				
Co-Applicant:				
Co-Applicant:				
"The undersigned con report on the undersig	nsents to and authorizes Lessor fr Ined. Lessor will use the report to), and/or guarantor(s) as contemp	evaluate the credity	worthiness of the u	ndersigned as