

PO Box 640 - 503 Hwy 2 West Devils Lake, ND 58301

Credit Application

Sal Cifala • (774) 240-0126

Fax to: (800) 215-6799 or Email to: applications@westernequipmentfinance.com

BUSINESS	INFORMATION												
Complete L	_egal Name of Bu	siness*				Bus	siness Structu	ıre (plea	se ch	eck one)*			
	-						Sole Propriet				unicipal		
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Doing Business As (DBA) Name (if applicable)							Partnership [S" Corporation		
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Type of Bus	siness*	Business Start Da	ite* D	oid vou acc	quire this business from a previou	s owr	ner?	Fe	ederal	Tax ID#		State of Inc.	
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