



Credit Application

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BUSINESS INFO	BUSINESS INFORMATION																
Complete Legal Name of Business*									Business Structure (please check one)* Sole Proprietor No DBA Sole Proprietor w/ DBA Non-Profit						fit		
Doing Business As (DBA) Name (if applicable)									Partnership Limited Partnership LLC					"S" Corporation "C" Corporation Other:			
Type of Business*	* Did you acquire this business from a p Yes - Acquisition Date:				orevious	vious owner? Federal Tax No			TD#			State of Incorporation					
Billing Address*	City*				Sta			ate* Zip Co		de*		county or Parish*					
Equipment Addres			City				State		Zip Code		С	County or Parish					
Contact						Email					•		•				
Phone Number*			Cell Nu			mber*			Fax Numb			umber	nber				
1ST PRINCIPAL O	OWNER'S IN	FORMATIO	N - LIST A	ALL OWNI	ERS.	% OW	NED MUST EQL	JAL 100%	%								
First Name			Middle Initial		La	Last Name		S			Suffix (i.e. Jr, Sr, II, III)		% Ow	ned	Phone Number		
US Citizen Yes No	· · · · · · · · · · · · · · · · · · ·			Date of Birth			Title				Email			•			
Address							City				State			Zip Code			
2ND PRINCIPAL	OWNER'S IN	IFORMATIO	N (if appl	icable)													
First Name						st Nam	Suff			ffix (i.e. Jr, Sr, II, III) % Ow		ned Phone Number					
US Citizen Yes No	Social Secu	Date	Date of Birth			Title				Email							
Address				City							State			Zip C	Zip Code		
3RD PRINCIPAL	OWNER'S IN	IFORMATIO	N (if appl	icable) If	more	than 3	3 owners. list on	separat	te pac	ae							
First Name					_	st Name				uffix (i.e. Jr, S	(i.e. Jr, Sr, II, III) % O		ned	Phone Number			
US Citizen Yes No				Date of Birth			Title				Email						
Address			C			City	•					State			Zip Code		
BANK REFEREN	CE																
Primary Bank Nam	е							Phone Number									
EQUIPMENT TO	BE FINANCE	ED & VEND	OR / DEA	LER INFO	DRM	ATION											
Vendor / Dealer Name			Contact				Phone N			ne Nun	lumber				Requested Term (in months)		
Type of Equipment	t (please be a	as specific as	s possible	or include	a co	py of th	e quote or invoice	=)*						•			
Year	ar Make			Model			Description				New Used			Additional Equipment Replacement Equipment			
Equipment Cost*	nt Cost* Amount of T		of Trade-In	Trade-In*		Amount Owed on Trade-		-ln*	Cas	sh Dov	wn Payment	Payment* Amo			unt to be Financed*		
TERMS AND COM	IDITIONS																
For purposes of obtaining credit, I (We) certify that all of the information in this application is true and correct. I (We) authorize Western Equipment Finance (Western), a division of Western State Bank, and/or its designees to confirm all information in this application (which may include obtaining credit reports, contacting references, etc.) either in connection with my (our) initial application for credit, or at any time during the term of the lease/finance agreement. I (We) agree to release and waive all claims against Western and those references listed above for all acts or omissions that occur in verifying the same information. Customer Identification Program: To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying documents.																	
Signature					Title									Date			
Signature				Title	Title						Date						
Signature					Title							Dat	Date				