

BUSINESS INFORMATION					
Complete Legal Name of Business*			Business Structure (please check one)*		
Doing Business As (DBA) Name (if applicable)			Sole Proprietor No DBA		Municipal
			Sole Proprietor w/ DBA		Non-Profit
			Partnership		"S" Corporation
			Limited Partnership		"C" Corporation
			LLC		Other:
Type of Business*	Business Start Date*	Did you acquire this business from a previous owner? Yes - Acquisition Date: _____ No		Federal Tax ID #	State of Incorporation
Billing Address*		City*	State*	Zip Code*	County or Parish*
Equipment Address (if different from above)		City	State	Zip Code	County or Parish
Contact			Email		
Phone Number*		Cell Number*		Fax Number	
1ST PRINCIPAL OWNER'S INFORMATION - LIST ALL OWNERS. % OWNED MUST EQUAL 100%					
First Name		Middle Initial	Last Name		Suffix (i.e. Jr, Sr, II, III)
					% Owned
					Phone Number
US Citizen Yes No	Social Security #	Date of Birth	Title		Email
Address		City		State	Zip Code
2ND PRINCIPAL OWNER'S INFORMATION (if applicable)					
First Name		Middle Initial	Last Name		Suffix (i.e. Jr, Sr, II, III)
					% Owned
					Phone Number
US Citizen Yes No	Social Security #	Date of Birth	Title		Email
Address		City		State	Zip Code
3RD PRINCIPAL OWNER'S INFORMATION (if applicable) If more than 3 owners, list on separate page					
First Name		Middle Initial	Last Name		Suffix (i.e. Jr, Sr, II, III)
					% Owned
					Phone Number
US Citizen Yes No	Social Security #	Date of Birth	Title		Email
Address		City		State	Zip Code
BANK REFERENCE					
Primary Bank Name				Phone Number	
EQUIPMENT TO BE FINANCED & VENDOR / DEALER INFORMATION					
Vendor / Dealer Name		Contact	Phone Number	Requested Term (in months)	
Type of Equipment (please be as specific as possible or include a copy of the quote or invoice)*					
Year	Make	Model	Description	New Used	Additional Equipment Replacement Equipment
Equipment Cost*	Amount of Trade-In*	Amount Owed on Trade-In*	Cash Down Payment*	Amount to be Financed*	
TERMS AND CONDITIONS					
<p>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.</p>					

Signature _____	Title _____	Date _____
Signature _____	Title _____	Date _____
Signature _____	Title _____	Date _____

*Denotes required field

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