

## Fax completed application(s) to:

## (212) 858-5724

AUTHORIZED SIGNATURE

BUSINESS										Credit Application		
CUSTOMER (EXACT LEGAL NAME)						DBA						
STREET ADDRESS (NO P.O. BO	XES) CIT	Υ				STATE ZIP			FEDERAL TAX ID NO. (IF ANY)			
PHONE NO. CELL NO.						E-Mail						
BUSINESS DESCRIPTION YEARS IN BUSINESS						YEARS UNDER CURRENT OWNERSHIP GROSS ANNUAL SALES				LES		
☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR					□шс	STATE & DATE OF INCORPORATION			SALES TAX EXEMPT: ☐ Yes ☐ No If, yes (attach copy of certificate)			
OWNERSHIP IN	FORMATIO	ON:										
OWNER / PARTNER / MEMBE	R					TITLE SC		CIAL SECURITY NO.		DATE OF BIRTH		
STREET ADDRESS			CITY	Y		5	STATE	ZIP	HOME PHONE	E NO.		
OWNER / PARTNER / MEMBE					SOCIAL SECURITY		TY NO.	% OWNED	DATE OF BIRTH			
STREET ADDRESS			CITY	Y		9	STATE	ZIP	HOME PHONE	E NO.		
NOTE: If additional BANK AND SECU				lude like	information o	on second	page.					
BANK NAME	BANK NAME CONTACT			PHONE NO.			ACCC			DUNT NO.		
BANK / FINANCE COMPANY		CONTACT	CONTACT		PHONE NO.		ACCOUNT NO.					
Do you have any leas EQUIPMENT DI							Account N	No		□No		
EQUIPMENT DESIGNATION CO  NEW USED  Equipment Detail:		CONTRACT TYPE  ☐ LEASE ☐ LOA	Tract Type		RATE/N  Down Payment:		/MONTHS			SKIPS □YES □NO		
Sales Price: Freight / Delivery: Sales Tax:	\$ \$		Rental Equity: Documentatio			\$						
Net Trade-In:	: <del></del>				Total to Finance:		\$ \$					
Dealer Informa	ition:											
DEALER NAME		CONTACT			PHONE NO.			E-MAIL				
ECOA NOTICE: DISCLOSURE OF statement of the specific reass the date you are notified of ou creditors from discriminating a the applicant's income derives with this law concerning the credit information. NOT	ons for denial. To obt r decision. We will si gainst credit applica from any public assi editor is the Federal ment application	ain the statement, please comend you a written statement onts on the basis of race, color, stance program; or because the Deposit Insurance Corporation may be approved base	tact Credit Manager f reasons for the de religion, national or ne applicant has in g n Consumer Respon	r, Sumitomo M nial within 30 rigin, sex, mari good faith exer nse Center, 234 ness and per	itsui Finance and Leas days of receiving your tal status, age (provid cised any right under 15 Grand Boulevard, S	sing Co., 277 Par request for the ed the applicant the Consumer C uulte 100, Kansas uthorize SMF	k Avenue, 15t statement. No has the capac redit Protectio s City, MO 641	h Floor, New Y otice: The fede city to enter in on Act. The fed 08.	York, NY 10172, (2 eral Equal Credit O to a binding contra deral agency that a	(12) within 60 days from pportunity Act prohibits act); because all or part of idministers compliance		
AUTHORIZED SIGNATURE						DATE						
Χ												

DATE