

CREDIT APPLICATION

CUSTOMER INFORMATION: (Full Legal Name of Company)

Name: _____
 Address: _____ City: _____ State/Zip _____
 Phone: _____ Fax: _____ County: _____
 Contact: _____ Fed ID# _____
 Check One: S-Corp. C-Corp. Partnership Sole Prop.
 Date Business Began: _____ Type of Business: _____

OWNERS: (Individual(s) who own business)

Name: _____ Social Security # _____
 Address: _____ City: _____ State/Zip _____
 Name: _____ Social Security # _____
 Address: _____ City: _____ State Zip: _____

BANK INFORMATION: (Company Bank(s))

	<u>Name</u>	<u>Years</u>	<u>Account #</u>	<u>Officer</u>	<u>Type</u>	<u>Phone#</u>
(1)	_____	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____	_____

CREDIT REFERENCES:

	<u>Name</u>	<u>Phone #</u>	<u>Account # / Contact</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

I, the undersigned hereby authorize the release of credit information, and request that all loan, credit, bank, trade or other history be given to American Lift & Equipment, Inc. and its assignees.

Signature (Required) Date

DEALER USE ONLY

EQUIPMENT NEEDS:

<u>Quantity</u>	<u>Description</u>	<u>Price</u>
_____	_____	_____
_____	_____	_____

Type of Finance Desired (check one): Purchase Rental Rental/Purchase Lease Lease/Purchase
 Terms Desired (check one): 12mo 24mo 36mo 48mo 60mo Other _____

SPECIAL REQUESTS/REQUIREMENTS:

