

Confidential Credit Application



Machine Worx, LLC

Toll Free 1.888.272.9679 Local 205.750.8510 Fax 1.205.750.8815

APPLICANT INFORMATION (Please write below caption)

BUSINESS LEGAL NAME		DBA (If applicable)			PRIMARY CONTACT		
BUSINESS ADDRESS		CITY			COUNTY	STATE	ZIPCODE
BUSINESS PHONE	CELL PHONE	FAX	EMAIL ADDRESS			YEARS IN BUSINESS	
TYPE OF BUSINESS (Please "X" appropriate type) <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP			DATE INCORPORATED	STATE	FEDERAL TAX I.D. NUMBER		
NATURE OF BUSINESS							

BUSINESS BANK REFERENCES (A minimum of 2 years history needed; "X" all appropriate accounts)

BANK NAME	PHONE	ACCOUNT NUMBER	OFFICER	CHK	SAV	LOAN	CD	DATE OPENED
BANK NAME	PHONE	ACCOUNT NUMBER	OFFICER	CHK	SAV	LOAN	CD	DATE OPENED
BANK NAME	PHONE	ACCOUNT NUMBER	OFFICER	CHK	SAV	LOAN	CD	DATE OPENED

TRADE, LOAN AND LEASE REFERENCES (Comparable debts)

TRADE/BANK NAME	PHONE	OPENED HOW LONG	CONTACT/OFFICER	COLLATERAL	HIGH CREDIT
TRADE/BANK NAME	PHONE	OPENED HOW LONG	CONTACT/OFFICER	COLLATERAL	HIGH CREDIT
TRADE/BANK NAME	PHONE	OPENED HOW LONG	CONTACT/OFFICER	COLLATERAL	HIGH CREDIT

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

NAME	TITLE	SSN	PERCENT OWNED
HOME ADDRESS			HOME PHONE
PREVIOUS ADDRESS (If at current address less than 2 years)			
NAME	TITLE	SSN	PERCENT OWNED
HOME ADDRESS			HOME PHONE
PREVIOUS ADDRESS (If at current address less than 2 years)			

VENDOR & EQUIPMENT INFORMATION

VENDOR NAME		DBA (If applicable)			CONTACT		
VENDOR ADDRESS		CITY			COUNTY	STATE	ZIPCODE
VENDOR PHONE	FAX	CELL PHONE	EMAIL ADDRESS				

EQUIPMENT TO BE LEASED

NEW OR USED (If used, enter the year manufactured) <input type="checkbox"/> New <input type="checkbox"/> Used Year Manufactured _____	DESIRED MONTHLY PAYMENT	COST (Including delivery & installation, excluding tax)
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LOCATION OF EQUIPMENT

DESIRED LEASE TERMS (Please "X" appropriate term) <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 Months	SPECIAL TERMS (Skipped, stepped or deferred payments; lease terms other than shown)	
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By signing below, the undersigned individual as principal of and/or guarantor for the applicant authorizes Primary LeaseSource, Inc., its designee, assigns or potential assigns, to review his/her personal credit profile provided by the national credit bureaus in considering this application and for the purpose of update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax copy or photocopy of this authorization shall be valid as the original.

Signature

Signature

Date

Date