

DE LAGE LANDEN

CREDIT APPLICATION FAX: 866-287-1176

EQUAL OPPORTUNITY ACT: NOTICE If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Portfolio Manager, De Lage Landen Financial Services, Inc., 1111 Old Eagle School Road, Wayne, PA 19087 (610-386-5000) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C., 20590.

COMPANY INFORMATION

Applicant Company Name _____

Applicant Company Address _____

Applicant Company City/State/Zip _____

Primary Contact Name _____ Phone Number (____) _____

Nature of Business _____ Years in Business _____ Number of Employees _____

Principal _____ Soc. Sec. No. _____

Home Address _____ Date of Birth _____

TYPE OF BUSINESS	
<input type="checkbox"/>	PROPRIETORSHIP
<input type="checkbox"/>	PARTNERSHIP
<input type="checkbox"/>	CORPORATION
<input type="checkbox"/>	LLC
Taxpayer ID Number _____	
State of Incorporation _____	
When Incorporated _____	

BANK AND CREDIT INFORMATION

Bank Reference _____	Account Officer _____	Phone Number _____
Address City/State/Zip _____	Checking Acct. No. _____	Other Acct. No. (Type) _____
Secured Credit References _____	Contact Person _____	Phone number _____
Secured Credit References _____	Contact Person _____	Phone Number _____
Secured Credit References _____	Contact Person _____	Phone Number _____

TRANSACTION INFORMATION

MAKE _____ MODEL _____ New/Used _____ Serial Number _____ Term (mos): _____	SALE PRICE _____
MAKE _____ MODEL _____ New/Used _____ Serial Number _____ Term (mos): _____	ATTACHMENTS _____
Attachment(s) Description _____ Trade-in(s) Description _____	ATTACHMENTS _____
USAGE/APPLICATION <input type="checkbox"/> Normal/clean Freezer/Cooler Foundry Hazardous Waste Recycling metal/Paper	NET TRADE-IN (____)
Moderately abusive Paper/Textile Mill Corrosive Other _____	DOWN PAYMENT (____)
Hours Operated (Annually) _____	FEES, ETC. _____
Transaction Type: <input type="checkbox"/> Retail Installment <input type="checkbox"/> Equipment Lease <input type="checkbox"/> Used Equipment	INSURANCE _____
IF EQUIPMENT LEASE: Stated Purchase Option \$ / % _____ or FMV _____	TOTAL AMOUNT TO FINANCE _____
SALES TAX METHOD Upfront \$ _____ Financed \$ _____ Monthly Sales tax rate (monthly) _____ %	
Exempt (attach certificate) _____ # of Advance Payments? _____	
Add Maintenance to monthly payment? No Yes Amount \$ _____	
Insurance Company _____ Agent _____	
Address _____ Phone (____) _____	

DISTRIBUTOR INFORMATION

Distributor Name _____ Representative _____

Location _____ Phone Number _____ Fax Number _____

This location is Branch Headquarters. Send approval to: Branch Headquarters. Email: _____

NOTICE TO CREDITORS: TO WHOM THIS MAY CONCERN

This will be your authority and my request to you to release any information requested concerning personal or company credit standing

SIGNATURE: **X**

DATE