**CREDIT APPLICATION**

**DE LAGE LANDEN**

**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

Director of Credit – Materials Handling and Construction Unit, 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----------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**TYPE OF BUSINESS**

**\_\_ PROPRIETORSHIP**

**\_\_ PARTNERSHIP**

**\_\_ CORPORATION**

**\_\_ LLC**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Taxpayer ID Number

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

State of Incorporation

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

When Incorporated

Applicant Company

Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant Company

Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant Company

City/State/Zip **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Primary Contact Phone

Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Number **( \_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Nature of Years in Number of

Business **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Business **\_\_\_\_\_** Employees **\_\_\_\_\_**

Principal **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Soc. Sec. No. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home

Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BANK AND CREDIT INFORMATION--------------------------------------------------------------------------------------------------------------------------------------------------------------**

**B**ank Account Phone

Reference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Officer **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Checking Other Acct.

City/State/Zip **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Acct. No. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** No. (Type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secured Contact Phone

Credit References \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ umber \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secured Contact Phone

Credit References \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secured Contact Phone

Credit References \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSACTION INFORMATION-------------------------------------------------------------------------------------------------------------------**

SALE PRICE **\_\_\_\_\_\_\_\_\_\_\_\_**

ATTACHMENTS **\_\_\_\_\_\_\_\_\_\_\_\_**

ATTACHMENTS **\_\_\_\_\_\_\_\_\_\_\_\_**

NET TRADE-IN **(\_\_\_\_\_\_\_\_\_\_\_ )**

DOWN PAYMENT **(\_\_\_\_\_\_\_\_\_\_\_)**

FEES, ETC. **\_\_\_\_\_\_\_\_\_\_\_\_**

INSURANCE **\_\_\_\_\_\_\_\_\_\_\_\_**

TOTAL AMOUNT

TO FINANCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAKE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New/Used \_\_\_\_\_\_ Serial Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term (mos):\_\_\_\_\_\_\_

MAKE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New/Used \_\_\_\_\_\_ Serial Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term (mos):\_\_\_\_\_\_\_

Attachment(s) Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trade-in(s) Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

USAGE/APPLICATION Normal/clean Freezer/Cooler Foundry Hazardous Waste Recycling metal/Paper

Moderately abusive Paper/Textile Mill Corrosive Other

Hours Operated (Annually) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Transaction Type: **\_\_\_\_\_ Retail Installment \_\_\_\_\_ Equipment Lease \_\_\_\_\_ Used Equipment**

IF EQUIPMENT LEASE: Stated Purchase Option **$** / **%** \_\_\_\_\_\_\_\_ or FMV **\_\_\_\_\_**

**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 **\_\_\_\_\_\_\_\_\_\_Midwest Ready Mix & Equipment, Inc\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Representative **\_\_\_David Hertz\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Location \_\_\_1405 East Highway 50, Vermillion, SD 57069\_\_\_\_\_ Phone Number \_\_605-638-0897\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number \_\_\_\_\_\_\_\_none\_\_\_\_\_\_

**This location is** Headquarters. Send approval to: Headquarters. Email: \_dave@buyaloader.com

**NOTICE TO ANY PERSON, CONSUMER AGENCY, BANK INSTITUTION OR CREDITOR: TO WHOM THIS MAY CONCERN**

This will be your authority and my request to you to release any information requested concerning (i) as an authorized representative of the company, the company’s credit standing and (ii) as a principal of the company, my personal credit standing.

SIGNATURE:  **X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_