

YANMAR Construction Equipment

(RETAIL)

CREDIT APPLICATION

COMPANY INFORMATION

Applicant
Company Name _____

Address _____

City/State/Zip _____

Primary Contact Name _____ Phone Number () - _____

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

Principal _____ Soc. Sec. No. _____

Principal _____ Soc. Sec. No. _____

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

BANK AND CREDIT INFORMATION

Bank Reference Address City/State/Zip Finance Reference Supplier Reference	Account Officer Checking Account No. Contact Person Contact Person	Phone Number () - _____ Other Acct. No. (Type) _____ Phone Number () - _____ Phone Number () - _____ Phone Number () - _____
--	--	--

TRANSACTION INFORMATION

Equipment Description _____ Term No. of months _____

Serial Number _____ Hours Operated _____

Attachments Description _____

Trade-In (s) Description _____

Transaction Type: Retail Installment Equipment Lease Used Equipment

IF EQUIPMENT LEASE: Stated Purchase Option \$ 1% _____ Or FMV _____

SALE PRICE	_____
ATTACHMENTS	_____
ATTACHMENTS	_____
NET TRADE IN	_____
DOWN PAYMENT	_____
TAXES	_____
FEES, INS, ETC.	_____
HCA Doc Fee	_____
TOTAL AMOUNT TO FIANCE	_____

DEALER INFORMATION

Dealer Name _____ Representative _____

Address _____ Phone Number () - _____

City, State, Zip _____ Fax Number () - _____

NOTICE TO CREDITORS: TO WHOM THIS MAY CONCERN

I authorize the holder of this application and their assigns to verify, receive and exchange information about me, the company and the owners of the company, including requesting reports from commercial and consumer reporting agencies. I authorize and instruct any person, trade reference, bank, finance company and consumer reporting agency to compile and furnish any information requested to process this credit application. This information may be obtained by telephone inquiry. I represent that this application is for commercial business purposes. If approved I understand I will be required to provide and keep in good standing physical damage and liability insurance coverage.

Name (please Print) _____ Signature: _____ Date _____

Name (please Print) _____ Signature: _____ Date _____