

Customer's Business Information: (exact legal name required)

Legal Business Name:			Business Phone Number:		
Business Address:		City:	State:	Zip Code:	
Bill To Address: (Leave Blank If Same As Above)		City:	State:	Zip Code:	
Ship to Address: (Leave Blank If Same As Above)		City:	State:	Zip Code:	
Structure of Business: <input type="checkbox"/> Corporation (State of: _____) <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC (State of: _____) <input type="checkbox"/> Government					Years in Business Under Current Ownership:
Contact Name:				Title/Position:	
Contact Phone Number:		Cell Phone/Alt.Phone:		Email Address:	
Nature of Business:		Fed. ID.#:		Fax Number:	

Customer's Personal Information: (exact legal name required)

1.Owner's Legal Name:		Home Address:		City:	
State:		Zip:		Social Security #	
% Ownership:					
2.Owner's Legal Name:		Home Address:		City:	
State:		Zip:		Social Security #	
% Ownership:					

Equipment:

Equipment Description:					
Product Division: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial		<small>*Please provide an equipment quote or invoice (if applicable) with signed credit application</small>			
<small>*If you are sales/use tax exempt, please include your tax exemption certificate with the signed credit application.</small>					
<small>*Total equipment cost over \$100,000 requires last two years of business financial statements and current interim statement</small>					

Finance Program:

Program:	Term:	Advance Payment	Rate/Factor:	Equipment Cost:	Purchase Options:
					<input type="checkbox"/> \$1 Lease <input type="checkbox"/> EFA <input type="checkbox"/> 10% Purchase Opt. <input type="checkbox"/> FMV

Vendor Contact Information: (For Multiple Vendor Deals) Please Provide (All) Equipment Quotes With Signed Application

Vendor Business Name:		Web. Address:		Vendor Phone #:	
Vendor Address:		City:	State:	Zip Code:	
Sales Rep. Name:		Sales Rep. Telephone:		Sales Rep. E-mail Address or Fax:	

Finance Contacts:

 First Western Equipment Finance <small>Financing Made Simple.</small> www.firstwesternef.com	Duncan Leighton Business Development Manager First Western Equipment Finance Ph: (888) 705-1021 duncan.leighton@firstwesternef.com	Susan Larson Account Manager First Western Equipment Finance Ph: (888) 705-0498 susan.larson@firstwesternef.com

Authorization & Owner(s) Signature(s):

I (we) authorize First Western Equipment Financing to review my credit to qualify for the financing requested in this application against any credit reporting bureau/agency; review any and all information or references disclosed in this application; information will remain confidential and will not be disclosed to any third party outside of credit reporting agencies. I (we) certify that the above information is complete and correct and the equipment is being acquired for commercial and not consumer use.

Signed By: X _____ **Date:** _____

Signed By: X _____ **Date:** _____