



Credit Application

Fax to: 800.843.4317

COMPANY INFORMATION

Name		Business Structure: <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietor <input type="checkbox"/> LLC	
Address		Taxpayer ID#	
City/State/Zip		State & Year of Incorporation:	
Primary Contact	Phone#	Fax#	Cell#
Nature of Business	Years in Business	# of Employees	
Principal		SS#	DOB
Home Address		City	State Zip
Principal		SS#	DOB
Home Address		City	State Zip

BANK AND CREDIT INFORMATION

Bank Reference	Account officer	Phone #
City/State/Zip	Checking Acct. #	Other Acct #
Secured Credit Reference		Contact Phone #
Secured Credit Reference		Contact Phone #
Trade Credit Reference		Contact Phone #
Trade Credit Reference		Contact Phone #

NOTE: Prior year financial statements or tax return may be required if amount financed exceeds \$250,000

Do you have any contracts or leases with JCB Finance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you filed for bankruptcy in the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Judgment filed against you in the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment repossessed in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No

TRANSACTION INFORMATION

Equipment Description(Year/Make/Model)	Sale Price
Serial Number Hours	Taxes
Attachment(s)	Net Rental
Trade-In(s) (Year/Make/Model)	Down Payment
Trade-In Allow: Payoff Payoff To	
<input type="checkbox"/> Retail Finance <input type="checkbox"/> FMV Lease <input type="checkbox"/> SPO Lease <input type="checkbox"/> \$1 ⁰⁰⁰ PO <input type="checkbox"/> MUNI	Net Trade
Plan Number: Skips: Term	Doc Fees \$300.00
Equipment: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Addition <input type="checkbox"/> Replacement Delivery Date:	Insurance
Physical Damage Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No \$.90/100 per year, x # of years	TOTAL AMOUNT TO FINANCE

DISTRIBUTOR INFORMATION

Dealer Name:	Location:	Salesman:
Phone:	Fax:	Email:

SIGNATURE TITLE DATE

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I/We understand and agree that you may assign or transfer this credit application to others to decide whether or not to extend credit. I/We authorize the above bank and business references to give any and all necessary information to you, your assignees or transferees, which will assist you in your credit inquiry. I/We authorize you, or any credit bureau or other investigative agency employed by you, to obtain such information as you may, in your discretion, require with regard to our banking and credit history. Such authorization shall include updating such information, as you may deem necessary. In the event of any material change in my/our financial condition, I/We will notify you immediately in writing.