



# COMMERCIAL CREDIT APPLICATION

Construction & Industrial Equipment

Fax to: 866-545-9709

Phone: 866-545-9701

DEALER NAME _____ DEALER CONTACT _____ DEALER PHONE _____ DEALER E-MAIL _____		BUSINESS TYPE: <input type="checkbox"/> SOLE PROPRIETOR STATE _____ ORG. I.D. NO. _____ <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP (General / Limited) <input type="checkbox"/> OTHER - PLEASE LIST:			
APPLICANT (COMPLETE LEGAL NAME OF BUSINESS)		TYPE OF INDUSTRY <input type="checkbox"/> General Construction <input type="checkbox"/> Mining <input type="checkbox"/> Forestry <input type="checkbox"/> Equipment Rental <input type="checkbox"/> Other - PLEASE LIST:			
BUSINESS STREET ADDRESS		CITY	STATE	ZIP CODE	COUNTY
EQUIPMENT LOCATION ADDRESS (address where equipment will be located, if different than above)		CITY	STATE	ZIP CODE	COUNTY
BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER	ANNUAL REVENUE		# OF YEARS IN BUSINESS	FEDERAL TAX ID NUMBER
COMPLETE NAME OF PRINCIPAL / GUARANTOR (First, Middle, Last)		% of Ownership	SS #	DATE OF BIRTH	EMAIL ADDRESS
ANNUAL REVENUE	NUMBER OF EMPLOYEES	MAJOR EQUIPMENT TYPES AND NUMBER IN FLEET			
MAILING ADDRESS OF PRINCIPAL / GUARANTOR (STREET, CITY, STATE, ZIP)				HOME PHONE NUMBER	CELL PHONE NUMBER
COMPLETE NAME OF PRINCIPAL / GUARANTOR (First, Middle, Last)		% of Ownership	SS #	DATE OF BIRTH	EMAIL ADDRESS
MAILING ADDRESS OF PRINCIPAL / GUARANTOR (STREET, CITY, STATE, ZIP)				HOME PHONE NUMBER	CELL PHONE NUMBER
ANY JUDGMENTS/SUITS/LIENS PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO		EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		EVER HAD EQUIPMENT REPOSSESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes to any of the above, please give details:					
REFERENCE (BANK & TRADE)			TRANSACTION DETAILS		
REFERENCES: HAVE YOU FINANCED EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO - If YES, who?			TERM REQUESTED <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> OTHER		STRUCTURE: <input type="checkbox"/> LEASE OR <input type="checkbox"/> FINANCE CONTRACT
BANK NAME, PHONE, ACCOUNT #, CONTACT			SELLING PRICE \$ _____ TAXES: \$ _____		
CREDIT / FINANCE CO., NAME, CITY, STATE, PHONE			NET TRADE-IN (complete below) \$ _____ CASH DOWN PAYMENT: \$ _____		
CREDIT / FINANCE CO., NAME, CITY, STATE, PHONE			TOTAL DOWN PAYMENT: \$ _____ AMOUNT TO FINANCE: \$ _____		
			IS DEALSUBSIDIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO % or \$ _____		
EQUIPMENT TO BE LEASED / FINANCED					
YEAR	MAKE	MODEL	SERIAL NUMBER	HOURS	
<input type="checkbox"/> NEW <input type="checkbox"/> USED		HAS EQUIPMENT BEEN DELIVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE INDICATED DELIVERY DATE?		TRADE-IN: YEAR, MAKE, MODEL, SERIAL NO.	
<p>The undersigned individual(s) certifies the following: (1) the information provided in connection with this application is true and accurate and has been submitted to obtain commercial credit; (2) Dealer and MeriCap Credit Corporation ("MeriCap"), jointly or separately, are authorized to investigate and verify any information provided and to make inquiry of references, other creditors or lessors as to credit worthiness; (3) applicant(s), guarantor(s), owners, principals, named above, (hereafter referred to as "Customer") and/or any individual whose name appears on the application explicitly authorizes any consumer reporting agency and other individuals to provide credit information to Dealer and MeriCap for use in connection with the transaction. Dealer, MeriCap and joint users of such information are authorized to receive, exchange and to update such credit information as appropriate during the term of the transaction. MeriCap will require proof of identity as required under the USA Patriot Act. I hereby consent to receive telephone, cell phone, e-mail or faxed communications from MeriCap. You hereby authorize us to share your information for marketing purposes. You must provide us written notification that you do not want us not to share your information (except transactional or experience information). Please direct your request to MeriCap Credit Corporation, ATTN: Chief Risk Officer, 1415 West 22<sup>nd</sup> Street, Suite 550, Oak Brook, Illinois 60523 (please include your social security number).</p> <p>NOTE: You have the right to a written statement of the specific reasons for the denial, if your application is declined. Please contact MeriCap Credit Corporation (Credit Department) 1415 West 22<sup>nd</sup> Street, Suite 550, Oak Brook, IL 60523 within 60 days from the date you are notified of our decision for a written statement. A written statement of decline reasons will be sent to you within 30 days of receiving your request. The Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, religion, national origin, color, sex, marital status, age or other discriminating basis. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. Applicant(s) and/or any guarantor(s) have read and agree to the above ECOA consent and notice.</p>					
By: _____ Print Name: _____			By: _____ Print Name: _____		