



820 Taunton ave, Seekonk, MA 02771  
 tel. 508.336.3088 fax 508.336.4886  
 800.578.4484

## Application for Equipment Financing

### Company Information

Company Name		Years in business?
Address		How long at this address?
Type of business	Phone	
Other Business Affiliation	How Long?	
Cash in bank \$	Year End Profit \$	Tangible Net Worth \$ as of
Location of Equipment (if not Bus. Address)		

Form of Ownership: Proprietor ___ Partnership ___ Corporation ___ Municipal ___ Exempt ___		Fed. Tax No.
Principal/ Title	Home Address	Social Security No.

### Equipment Information

Description of Equipment		
Vendor Selling Equipment	Contact	Phone
Total Price	Lease Terms Requested (months)	No. Advance Payments

### Bank Reference

1. Bank Name	Checking ___ Saving ___ Loan ___ Date Open
Authorized Contact	Phone
2. Bank Name	Checking ___ Saving ___ Loan ___ Date Open
Authorized Contact	Phone
Previous Bank Reference	

### Lease/ Trade References

Name/ City	Contact	Phone
1.		
2.		
3.		
4.		

### Insurance

Agent	Phone
Address	Contact
Carrier	Policy No. Limits

I Certify that all statement herein are true to the best of my knowledge and I hereby authorize you to obtain any information you require concerning the statement in this application in accordance with applicable laws and regulations.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Vehicle Inventory Worksheet

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Date \_\_\_\_\_

Name	Phone
Address	Fax

<b>A</b> Equipment Now Owned, Financed or Leased		
Vehicle Type	Total Vehicles	Basic Description (1996 Mack, sleeper, Cat 3406E, 600 K mile)
<b>Tractors</b>		
<b>Trucks</b>		
<b>Trailers/ Equipment</b>		

**B** Is this a...  Replacement Vehicle  Additional Vehicle for a new contract/ job  
 Other (explain)

<b>C</b> History of prior Vehicle Financing			
	Lender's Name, City, State	Contact Name/ Account No.	Phone
1.			
2.			
3.			
4.			

<b>D</b> Hauling References			
	Lender's Name, City, State	Contact Name/ Account No.	Phone
1.			
2.			
3.			
4.			