

COMPANY INFORMATION

Full Legal Name:		DBA Name:	
Billing Address:		City/State/Zip	County
Equipment locations Address:		City/State/Zip	County
Contact Name:		Business Start Date:	Present Ownership Since:
Phone:	Fax:	Email:	Web site Address:
Annual Sales:	State of Incorporation:	Federal Tax ID#	Nature of Business:
Business type: S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Limited Liability company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non Profit <input type="checkbox"/>			

OWNERS, PARTNERS OR GUARANTORS – (If more than 2, Attach on separate sheet.)

1. Name:		Title:	Social Security Number:
Address:		City/State/Zip	
Phone (1) Home	Phone (2) Mobile, Work	Percent Ownership:	Birth Date:
2. Name:		Title:	Social Security Number:
Address:		City/State/Zip	
Phone (1) Home	Phone (2) Mobile, Work	Percent Ownership:	Birth Date:

BANK INFORMATION

Name of Bank:	Deposit / Check Account number:
Bank Contact:	Phone Number:

FINANCING DETAILS

Equipment Description:		Amount Requested:	Vendor / Supplier:
Contact Person:	Address:		City/State/Zip
Phone:	Fax:	Email:	Date needed: Est. Delivery date:
New Equipment: <input type="checkbox"/>	Budgeted Payment	End of Lease Options:	Term Requested:
Used Equipment: <input type="checkbox"/>	Amount:	\$1 Purchase Option <input type="checkbox"/> Other <input type="checkbox"/>	24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/>

Credit Authorization: I/We hereby authorize Discount Forklift Brokers Endless Sales Inc., its assignee, assigns or potential assigns to review my personal credit and business profile provided by national credit bureaus in considering this application and for the purpose of updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize the above listed parties to release all credit information and bank information and I/We represent and warrant that all information submitted to Discount Forklift Brokers Endless Sales Inc. including without limitation information on this application, any attachments, any supplemental, or other information herein is true, complete and accurate. I agree to immediately notify Discount Forklift Brokers Endless Sales Inc. if any of such information changes materially in the 60 days after the date of this application. A facsimile, electronic or other copy of this authorization shall be as valid as the original.

Signature (s) of all owners, officers and/or guarantors:

1. _____ 2. _____ Date: ____/____/____