

CREDIT APPLICATION FOR EQUIPMENT

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ZAXIS Finance

Dealer/Vendor Name (Equipment Supplier) _____ Dealer/Vendor Contact Name _____ Dealer/Vendor Phone # _____

Dealer/Vendor Address: _____ Location (City, State) _____ Dealer/Vendor Fax # _____

Applicant Legal Name: _____ Tax ID No. (Required) _____ Phone # _____

Physical Address: _____

Billing Address: _____

Email Address: _____ Years in Business: _____ State of Organization: _____

Corporation LLC Partnership Sole Proprietorship Individual Business Start Date: _____

Years Since Management Change: _____ # of Employees: _____ Annual Revenue: \$ _____ Backlog: \$ _____

Describe the nature of your business: _____

Insurance Company Name _____ Contact Name _____ Email _____ Phone Number _____

Will the equipment be used outside of the U.S? Yes NO If yes, which countries? _____

Approximate Delivery Date: _____ Need for equipment: Growth Replacement

Equipment Description (Quantity, Year, Make, Model, Serial #, Price): _____ Total Equipment Price: \$ _____
Tax: \$ _____
Less Down / Trade: \$ _____
Finance Amount: \$ _____
*If lease, provide equipment location

Type of financing Desired (choose One): Loan Lease* (\$1.00) Lease* (\$Fair Market Value) Other _____ Lease/Loan Term (months): 24 36 48 60 72 Other _____

Top Customer Name #1 _____ Location (City, State) _____ % of Annual Sales _____

Top Customer Name #2 _____ Location (City, State) _____ % of Annual Sales _____

Owner/Guarantor #1 Name _____ Cell Phone # _____ Email Address _____ Social Security # _____ % of Ownership _____

Residence Address: _____ Country of Citizenship _____ Residence Phone # _____ Date of Birth _____

Owner/Guarantor #2 Name _____ Cell Phone # _____ Email Address _____ Social Security # _____ % of Ownership _____

Residence Address: _____ Country of Citizenship _____ Residence Phone # _____ Date of Birth _____

Has the Applicant, Guarantor(s), or Principal(s) of the Applicant ever been convicted of a Felony? NO Yes

If yes, please explain: _____

Has the Applicant, Guarantor(s), or Principal(s) of the Applicant ever filed for bankruptcy? NO Yes

If yes, please explain: _____

By signing your name in the box below, the individual(s) who is either a principal of the credit applicant listed above and/or a guarantor of its obligations, provides authorization to ZAXIS Finance its affiliates and its designees (and any nominee, assignee or potential assignee thereof) to obtain and review his/her personal consumer credit report from a consumer credit reporting agency. This authorization shall extend to obtaining a consumer credit report, and additional consumer credit reports, now and again in the future for the purpose of (i) credit evaluation, assessing financial condition and review, including updating, renewing and/or the extending of such credit and/or (ii) reviewing and/or collecting the resulting account, now and from time to time. This authorization applies to this application, any future applications, any requests by you and/or applicant for credit and any solicitations by us to offer you and/or applicant credit. I/we waive any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. In addition to authorizing the review of my / our consumer credit report from any consumer credit reporting agency, the undersigned also authorizes my/our financial institutions and creditors to release credit information required by ZAXIS Finance and its designees (and any assignee or potential assignee thereof). By typing your name in the box below, I/we affirm our identity as the respective individuals identified in the related application. The undersigned states that all of the statements and information in the application are true & complete.

Applicant Signature: _____ Applicant Signature: _____

Print Name: _____ Date: _____ Print Name: _____ Date: _____