



11 O'Keefe Lane, Warwick, RI 02888, USA

EQUIPMENT CREDIT APPLICATION

Business Name:		Contact:	Business Phone:	
Address:			Mobile Phone:	
City:	State:	Zip Code:	Fax:	
Equipment Location:			Years In Business:	
			Federal ID:	

Form of Organization: Sole Proprietor Partnership Private Corporation Public Corporation

GUARANTORS	Name:		Res. Phone: ()	
	Residential Address:		Soc. Sec. No.: - -	
	City:	State:	Zip Code:	Ownership Interest: %
	Name:		Res. Phone: ()	
	Residential Address:		Soc. Sec. No.: - -	
	City:	State:	Zip Code:	Ownership Interest: %

EQUIPMENT	Vendor:		Contact:	
	Address:		Phone: ()	
	City:	State:	Zip Code:	Type of Equipment:
	Make:	Model:	SN:	Year:
	Cost of Equipment: \$	No of Months:	Monthly Payment: \$	Job Site Equipment Rep.:

BANK	Please provide 3 months bank statements with this form		
	Bank Name:		Phone: ()
	Contact:		Fax: ()
	Account Number:	Date Opened:	Account Type:

CREDIT REFERENCES	Company Name	Account No.	Telephone No.	Contact Person
			()	
			()	
			()	

AUTHORIZATION TO RELEASE INFORMATION: For the purpose of securing financing, I hereby authorize all deposit, checking and borrowing information to be released regarding the above accounts. The undersigned individual who is either a principal, a personal guarantor or a sole proprietorship of the credit applicant, hereby consents and authorizes Job Site Equipment Corp. or any credit bureau or other investigative agency employed by Job Site Equipment Corp. to investigate the references listed herein or other data obtained from me or any other person, pertaining to applicant's credit and financial responsibility, from time to time as may be needed.

X _____ Date
Signature of Applicant

X _____ Date
Signature of Applicant