



Fax completed application(s) to:
(212) 858-5724

Credit Application

BUSINESS
CUSTOMER (EXACT LEGAL NAME)
STREET ADDRESS (NO P.O. BOXES)
PHONE NO.
BUSINESS DESCRIPTION
CORPORATION PARTNERSHIP SOLE PROPRIETOR LLC
STATE & DATE OF INCORPORATION
SALES TAX EXEMPT: Yes No

OWNERSHIP INFORMATION:

OWNER / PARTNER / MEMBER
TITLE
SOCIAL SECURITY NO.
% OWNED
DATE OF BIRTH
STREET ADDRESS
CITY
STATE
ZIP
HOME PHONE NO.

NOTE: If additional partners/shareholders/members please include like information on second page.

BANK AND SECURED LOAN OR LEASE REFERENCES:

BANK NAME
CONTACT
PHONE NO.
ACCOUNT NO.
BANK / FINANCE COMPANY
CONTACT
PHONE NO.
ACCOUNT NO.

Do you have any leases/loans with Sumitomo Mitsui Banking Corporation, or any of its affiliates? Yes, Account No. No

EQUIPMENT DESCRIPTION / TERMS OF SALE / DEALER INFORMATION

EQUIPMENT DESIGNATION
CONTRACT TYPE
PLAN
RATE/MONTHS
SKIPS
Equipment Detail:
Sales Price:
Freight / Delivery:
Sales Tax:
Net Trade-In:
Down Payment:
Rental Equity:
Documentation Fee:
Insurance:
Total to Finance:

Dealer Information:

DEALER NAME
CONTACT
PHONE NO.
E-MAIL

ECOA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT). If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial.

I understand this equipment application may be approved based on my business and personal credit. I authorize SMFL and its assignees to check references, bank accounts and credit information. NOTE: Financial Statements or tax returns may be required.

X AUTHORIZED SIGNATURE PRINT NAME AND TITLE DATE
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