

GENERAL APPLICANT INFORMATION

Full Legal Name of Business: _____

Business Type: Proprietorship Partnership Corporation LLC

Business Contact Name: _____

Cell # _____ E-Mail _____

Federal ID#: _____ Time in Business: yrs. _____

Business Street Address: _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Mailing Address (if different than street address): _____

City _____ State _____ Zip _____ Gross Annual Income _____ Employees _____

BUSINESS INFORMATION

Use of Equipment: Business Dealer Rental
 Rental-non-dealer Municipal Lease

Business Activity: Industrial Excavating Contractor-multiple use
 Pipe Cleaning-Sanitary/Storm Plumber Municipality

BUSINESS REFERENCES

Bank Information		Equipment Financing/Leasing Reference	
Name:		Name:	
Account # :	Phone #	Account #:	Phone #:
Contact:		Contact:	
Vendor Reference		Vendor Reference	
Name:		Name:	
Account #:	Phone #	Account #:	Phone #:
Contact:		Contact:	
Vendor Reference		Vendor Reference	
Name:		Name:	
Account #:	Phone #	Account #:	Phone #:
Contact:		Contact:	

The following authorization(s) apply to this application and apply subsequently for purposes of updating, renewing or extending credit and for reviewing or collecting any resulting credit extension. An electronic or fax copy of this authorization will be valid as the original.

Applicant's Signature and Authorization for Disclosure of Business Credit Information and UCC Filing: The applicant authorizes the release of credit information to KMH Equipment Co. or its designee from any source including credit reporting agencies, bank and credit references listed above, including updates, renewals or extensions, and authorizes KMH Equipment Co. and/or its designees to file a UCC-1 financing statement to maintain a first priority security interest in the equipment and inventory. The individual signing below represents that all of the information contained in this credit application is true, correct and complete and has been provided for the purpose of obtaining financing.

Signature: _____
(Authorized Representative of Credit Applicant)

Name: _____ **Title:** _____ **Date:** _____
(Please Print)

The following authorization(s) apply to this application and apply subsequently for purposes of updating, renewing or extending credit and for reviewing or collecting any resulting credit extension. An electronic or fax copy of this authorization will be valid as the original.

PERSONAL INFORMATION

If you are a sole proprietor: First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Home Phone # _____

If you are applying for joint credit or have a relationship to another applicant also applying for credit, please give us the applicant's name, and your relationship to that applicant.

Name: _____ Social Security #: _____

Relationship to Applicant: _____ Guarantor _____ Partner

Authorization for Disclosure of Personal Information: By signing below, the undersigned individual (who is either a sole proprietor, a partner, or personal guarantor of the credit applicant) authorizes and instructs KMH Equipment Co. or its designee to obtain and review the individual's personal credit file from a credit reporting agency.

Signature: _____ **Signature:** _____
(An Individual) (An Individual)

Name: _____ **Date:** _____ **Name:** _____ **Date:** _____
(Please Print) (Please Print)