

WEST COAST MACHINERY

NEW AND USED WOODWORKING MACHINERY
SACRAMENTO, CALIFORNIA

Credit Application

5801 POWER INN RD SACRAMENTO, CA 95824 Phone: 916-383-5940 Fax: 916-383-8370

CUSTOMER INFORMATION

LEGAL COMPANY NAME		d/b/a	
STREET ADDRESS		CITY	STATE/PROVINCE ZIP/POSTAL CODE
CONTACT	PHONE () -	FAX () -	E-MAIL ADDRESS
FEDERAL TAX ID #	BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> General <input type="checkbox"/> Limited	<input type="checkbox"/> Proprietorship Year Started:
DESCRIPTION OF BUSINESS	Annual Revenue:	Do you have any past or current suits, liens, judgments of bankruptcies: If yes, when:	NUMBER OF YEARS IN BUSINESS UNDER CURRENT OWNERSHIP:

LEASE INFORMATION

EQUIPMENT DESCRIPTION (include manufacturer and model number)			
ESTIMATED LEASE AMOUNT \$	LEASE TERM (months) <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	<input type="checkbox"/> 40% HVLP Purchase Option <input type="checkbox"/> 10% Purchase Option <input type="checkbox"/> \$1.00 Buyout	

OWNER/PRINCIPAL INFORMATION

PLEASE GIVE NAMES, HOME ADDRESSES, SOCIAL SECURITY NUMBERS, TITLE OF OWNERS, PARTNERS, AND PRINCIPAL OFFICERS. If Corporation, please list name(s) of majority shareholder(s) and percentage of stock they own.

NAME	TITLE	% OWNERSHIP	SOCIAL SECURITY NO. OR SIN
HOME ADDRESS	CITY	STATE/PROVINCE ZIP/POSTAL CODE	HOME PHONE NUMBER () -
NAME	TITLE	% OWNERSHIP	SOCIAL SECURITY NO. OR SIN
HOME ADDRESS	CITY	STATE/PROVINCE ZIP/POSTAL CODE	HOME PHONE NUMBER () -

REFERENCE INFORMATION

BANK REFERENCE	
PRESENT BANK	ACCOUNT NUMBER
BRANCH	BANK OFFICER
	PHONE NUMBER () -

SECURED DEBT OR LEASE REFERENCES (If unavailable, (3) Trade References)

1. COMPANY NAME	CONTACT	PHONE NUMBER () -	FAX NUMBER () -
2. COMPANY NAME	CONTACT	PHONE NUMBER () -	FAX NUMBER () -
3. COMPANY NAME	CONTACT	PHONE NUMBER () -	FAX NUMBER () -

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes us to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for the purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim, which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X

Signature

Signer's Printed Name

Date