



# Credit Application

Dealer Number		Dealer Contact			Dealer Phone Number	
First Name	M.I.	Last	SS #/SIN #	Birthdate/Age		
First Name	M.I.	Last	SS #/SIN #	Birthdate/Age		
Business Name			Tax ID #/GST #			
President's First Name	M.I.	Last	SS #/SIN #	Birthdate/Age		
Street Address	City		ST/Prov.	ZIP/Postal Code		
Home Phone	Business Phone		Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Years in Business

Income Frequency Monthly or Seasonal (M/S) \_\_\_\_\_ Income Amount \$ \_\_\_\_\_ Annual Expenses \$ \_\_\_\_\_

Main Lending Reference \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Lending Reference \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Checking Account Y/N \_\_\_\_\_ Saving Account Y/N \_\_\_\_\_ Bank \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have I/we had any unsatisfied judgments rendered against me/us in the past 7 years, had equipment repossessed in the past 7 years, or been declared bankrupt in the past 10 years? (Yes/No) \_\_\_\_\_ Please attach an explanation for any yes answer.  
 I/We understand and agree that you may assign or transfer this credit application and may also communicate the information contained herein to others to decide whether or not to extend credit. I/We authorize the bank and business references, as well as any of my/our lessors, landlords and any other past or present creditors to give any and all necessary information to you, your assignees or transferees, which will assist you in your credit inquiry. This application is given for the purpose of obtaining credit. I/We hereby certify under penalty of law that the foregoing is a true and complete statement of my/our financial condition. In the event of any material change in my/our financial condition, I/we will notify you immediately in writing. KNOW ALL MEN BY THESE PRESENTS, that the undersigned Customer does hereby nominate, constitute and appoint Soris, a division of Case Credit as its true and lawful attorney-in-fact, for Customer and in Customer's name, place and stead, to execute and file any and all Uniform Commercial Code financing statements and/or title and registration documentatoin in connection with one or more equipment sale or lease transactions proposed to be entered into by Customer with Soris, and the undersigned Customer does hereby further authorize Soris to authorize LEXIS Document Services, to exercise the rights granted Soris hereunder.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY DEALER

Program # \_\_\_\_\_ APR \_\_\_\_\_ % Finance Type: Contract-Fixed  Contract-Variable  Lease  Residual Amount \_\_\_\_\_

Equipment Information: New/Used \_\_\_\_\_ Equipment Usage (AG / CE / Other) \_\_\_\_\_ Estimated Annual Usage \_\_\_\_\_

Make	Model	Size	Serial Number	Price \$
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Trade in Description			Serial Number	Value of Trade \$
Payoff Owed To: Name			Address (City, ST/Prov, ZIP/Postal Code)	Payoff Amount \$

Pmt. Freq. <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual			Total Sales Price	\$	
Interest Start Date	First Payment Due	Total Terms (months)	Sales Taxes	\$	
Is the customer purchasing Property Dame Ins. through Case Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the customer purchasing Life Insurance through Case Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cash Down Payment	\$
Buydown Amount: \$		Filing Fees: \$		Trade Value less Payoff	\$
Processing Fees: \$		DNET: \$		Insurance Premiums	\$
Recourse Endorsement: Full <input type="checkbox"/> Nonrecourse <input type="checkbox"/> Other <input type="checkbox"/>			Processing & Filing Fees	\$	
			Amount Financed	\$	

Additional Information: (e.g. skips, irregular pays, etc.)

What date will the contract be signed? (Keep in mind overnight mail time) \_\_\_\_\_