



DEALER # _____
EDFS QUOTE # _____

CREDIT APPLICATION
FAX#: (800) 962-0284

ATTENTION _____ Pages Sent _____
DEALER _____ Sent By _____ Date _____
Circle one: FPO 1.00 True Lease (YFS Residual) Dealer Residual % Alliance

LESSEE:
Full LEGAL Name _____

Address _____ City _____ State _____ Zip _____
(Headquarters Street Address Required, NO P.O. BOX)

Phone (____) _____ Fax (____) _____ Contact: _____ Title _____

Nature of Business _____ Corp Ptshp. **Gen Ltd Prop Other *LLC

*If LLC List Legal Member Name _____ State of Incorporation _____ Years In Business _____

** If Partnership, List Legal Name of General Partner _____

Annual Sales \$ _____ PLEASE PROVIDE FED TAX ID# _____

If Proprietorship or in Business less than 3 years Include Principals' Name _____

Home Address _____ and S.S.#'(s) of Principal(s) _____

1. Officer Name _____ Title _____
(Please indicate suffix (Sr., III, Jr.)

Home Address _____ Phone (____) _____ SS# [][][]-[][][]-[][][][]

2. Officer Name _____ Title _____

Home Address _____ Phone (____) _____ SS# [][][]-[][][]-[][][][]

TRANSACTION: (please attach a copy of your YFS quotation)

Equipment _____

New _____ Used _____ Model Year _____ S/N _____

Addition (s) Replacement (s) Delivery Date _____

Equipment Location _____

Billing Address _____

Term _____ Rate % _____ Factor _____ # Advance Rentals _____

Monthly Payment Sold \$ _____ Annual Hours Operated _____

Dealer Residual \$ _____ Purchase Option: FMV None \$ _____

Payment Plan: Level Month Accelerated Skip Annual Other *

* Explanation _____

SALE PRICE	\$ _____
ATTACHMENTS	\$ _____
TRADE-IN	\$ _____
DOWN PAYMENT	\$ _____
TAXES	\$ _____
TOTAL AMT TO FINANCE	\$ _____

REFERENCES:

Bank _____ Bank Officer _____ Checking Acct #. _____

Phone (____) _____ Other Acct . # _____ Type _____

Address -City/State/Zip _____

SECURED REFERENCES:

Name _____ Type _____ Phone (____) _____ Contact _____ Acct # _____

Name _____ Type _____ Phone (____) _____ Contact _____ Acct # _____

TRADE REFERENCES:

Name _____ Contact _____ Phone (____) _____

Name _____ Contact _____ Phone (____) _____

AUTHORIZATION:

TO WHOM IT MAY CONCERN, THIS WILL BE YOUR AUTHORITY TO RELEASE ANY INFORMATION REQUESTED CONCERNING PERSONAL OR COMPANY CREDIT OR FINANCIAL STANDING.

Signature: X _____ Date: _____