



*Denotes Required Field

Fax to: (800) 215-6799 or

E-mail to: applications@WesternEquipmentFinance.com

PO Box 640 - 503 Highway 2 West
Devils Lake ND 58301

BUSINESS INFORMATION									
Complete Legal Name of Business*					Business Structure (please check one)*				
Doing Business As (DBA) Name (if applicable)					<input type="checkbox"/> Sole Proprietor No DBA <input type="checkbox"/> Municipal <input type="checkbox"/> Sole Proprietor w/ DBA <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> "S" Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> "C" Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:				
Type of Business*	Business Start Date*	Did you acquire this business from a previous owner?			Federal Tax ID #		State of Inc.		
		<input type="checkbox"/> Yes-Acquisition Date					<input type="checkbox"/> No		
Billing Address*			City*	State*	Zip Code*	County or Parish*			
Equipment Address (if different than above)			City	State	Zip Code	County or Parish			
Contact				E-Mail					
Phone Number*			Cell Number*			Fax Number			
1ST PRINCIPAL OWNERS'S INFORMATION LIST ALL OWNERS - 100% OWNERSHIP REQUIRED									
First Name		Middle Initial	Last Name		Suffix (i.e. Jr, Sr, II, III)		%Owned	Phone #	
Social Security #		Date of Birth		Title		Email			
Address			City			State		Zip Code	
2ND PRINCIPAL OWNERS'S INFORMATION (if applicable)									
First Name		Middle Initial	Last Name		Suffix (i.e. Jr, Sr, II, III)		%Owned	Phone #	
Social Security #		Date of Birth		Title		Email			
Address			City			State		Zip Code	
3RD PRINCIPAL OWNERS'S INFORMATION (if applicable) If more than 3 owners, list on separate page									
First Name		Middle Initial	Last Name		Suffix (i.e. Jr, Sr, II, III)		%Owned	Phone #	
Social Security #		Date of Birth		Title		Email			
Address			City			State		Zip Code	
BANK REFERENCE									
Primary Bank Name						Phone #			
EQUIPMENT TO BE FINANCED & VENDOR/DEALER INFORMATION									
Vendor/Dealer Name			Contact		Phone Number		Requested Term (in months)		
Type of Equipment (Please be as specific as possible or include a copy of the quote or invoice)*									
Year	Make	Model	Description			<input type="checkbox"/> New <input type="checkbox"/> Additional Equipment <input type="checkbox"/> Used <input type="checkbox"/> Replacement Equipment			
Equipment Cost*		Amount of Trade-In*		Amount Owed on Trade-In*		Cash Down Payment*		Amount to be Financed*	
TERMS AND CONDITIONS									
<p>For purposes of obtaining credit, I (We) certify that all of the information in this application is true and correct. I (We) authorize Western Equipment Finance, Inc. (Western) and/or its designees to confirm all information in this application (which may include obtaining credit reports, contacting references, etc.) either in connection with my (our) initial application for credit, or at any time during the term of the lease/finance agreement. I (We) agree to release and waive all claims against Western and those references listed above for all acts or omissions that occur in verifying the same information.</p> <p>Customer Identification Program: To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying documents.</p>									

Signature	Title	Date
Signature	Title	Date