Western Equipment Finance

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Action Manufacturing

Credit Application

Fax to: (800) 215-6799 **or** Email to: applications@westernequipmentfinance.com

BUSINESS INFORMATION

Complete Legal Name of Business*

Doing Business As (DBA) Name (if applicable)

Business Structure (please check one)*

- ☐ Sole Proprietor No DBA
- ☐ Sole Proprietor w/ DBA
- ☐ Partnership
- ☐ Limited Partnership
- ☐ LLC
- ☐ Municipal
- ☐ Non-Profit
- ☐ "S" Corporation
- ☐ "C" Corporation
- ☐ Other:

Type of Business*	Business Start Date*	Did you acquire this business from a previous owner? ☐ Yes - Acquisition Date: ☐ No	Federal Tax ID #	State of Incorporation

Billing Address*	City*	State*	Zip Code*	County or Parish*
Equipment Address (if different from above)	City	State	Zip Code	County or Parish

Contact	Email

Phone Number*	Cell Number*	Fax Number

1ST PRINCIPAL OWNER'S INFORMATION - LIST ALL OWNERS. % OWNED MUST EQUAL 100%

First Name	Middle Initial	Last Name	Suffix (i.e. Jr, Sr, II, III)	% Owned	Phone Number

US Citizen ☐ Yes ☐ No	Social Security #	Date of Birth	Title	Email

Address	City	State	Zip Code

2ND PRINCIPAL OWNER'S INFORMATION (if applicable)

First Name	Middle Initial	Last Name	Suffix (i.e. Jr, Sr, II, III)	% Owned	Phone Number

US Citizen ☐ Yes ☐ No	Social Security #	Date of Birth	Title	Email

Address	City	State	Zip Code

3RD PRINCIPAL OWNER'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 Number

US Citizen ☐ Yes ☐ No	Social Security #	Date of Birth	Title	Email

Address	City	State	Zip Code

BANK REFERENCE

Primary Bank Name	Phone Number

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	☐ New ☐ Used ☐ Additional Equipment ☐ Replacement Equipment

Equipment Cost*	Amount of Trade-In*	Amount Owed on Trade-In*	Cash Down Payment*	Amount to be Financed*

TERMS AND CONDITIONS

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 (Western), a division of Western State Bank, 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. 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.

Signature	Title	Date
Signature	Title	Date
Signature	Title	Date

*Denotes required field