



6750 Millbrook Road
Remus MI 49340
(800) 952-0178

* Denotes Required Field

General Credit Application

Fax to: (989) 561-2375 or

E-mail to:

AccountsReivable@
banditchippers.com

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 LLC Other:		
Type of Business*	Business Start Date*	Date of Current Ownership*	Is your business revenue less than \$50 Million? <input type="checkbox"/> Yes <input type="checkbox"/> No		Federal Tax ID #
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		WEF Customer Number (if current customer)	
Phone Number*		Cell Number*		Fax Number	
1st Principal Owner's Information - All fields required for all business structures except Municipal and Non-Profit					
First Name	Middle Initial	Last Name		Suffix (i.e. Jr, Sr, II, III)	% Owned
Social Security #	Date of Birth		Title		Phone Number
Address		City		State	Zip Code
2nd Principal Owner's Information - All fields required for all business structures except Municipal and Non-Profit					
First Name	Middle Initial	Last Name		Suffix (i.e. Jr, Sr, II, III)	% Owned
Social Security #	Date of Birth		Title		Phone Number
Address		City		State	Zip Code
Bank Reference					
Bank Name			City		State
Contact			Phone Number		
Equipment Information					
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 of Financing Needed*	
Insurance Company (that will insure above equipment) - INSURANCE IS REQUIRED ON ALL EQUIPMENT FINANCED					
Agent Name			Company Name		
Phone Number			Policy Number		
Terms & 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 Bandit Industries, Inc. (Bandit) and/or any party who may provide credit to applicant 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 Bandit and/or any party who may provide credit, and/or 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 _____

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