



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 <b>one</b> )*					
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 \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_