

COMMERCIAL FINANCE APPLICATION

Date:			Contact:			REFAX TO	: 503-	240-1823	
			. PERSONAL	INFORM	ATION				
ourchaser to Drive:	Yes <u>No</u> If no, Driver's N			e:		Driver's S.S.	#		
		Driver's D.O.B							
		D.O.B					Age		
SS #:					ense # (St	ate. Exp. Date):			
Phone # - Business		Phone # Resid			esidence _				
Spouse:						Spouse SS#			
Present Address:									
low Long at Present Add	Iress? Yrs	Street	os.		City Own	State		Zip	
Former Address					Ν	Mortgage payable to/or	landlord (name a	nd landlord)	
		Street			City	State		Zip	
How Long at Former Add	ress? Yrs	Mo	os. <u> </u>	Number					
Corporation:	oany Name	Inc	orporated in what Stat	e?	Date Inc	corporated	Date in Bus	ness	
Principal: Name	Title	Age				-			
Name	Title	Age	% Owned	Name		Fitle Age	%0	wned	
would like for TEC Equ or my insurance covera	age Yes	_ No	-	check' to	determine	whether or not	t I'm paying	too muc	
would like for TEC Equ or my insurance covera	age Yes	_ No	-		determine	whether or not	t I'm paying Relationship		
would like for TEC Equ or my insurance covera learest Relative Not at	age Yes	_ No dress:		ty)	
would like for TEC Equ or my insurance covera learest Relative Not at Name	age Yes	_ No dress: Street	Ci	ty ty	State	Phone #	Relationship)	
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age na	III. PUF	RCHASER'S FIN	NANCIAL AND C	URRENT CRE		ENT				
e infi irce ide b	ASSETS (What is Owned)									
to v by Y	Cash On Hand	Value	Acc	Accounts Payable(Debt such as Service & Fuel Bill, VISA, Etc.)						
The information give source to whom this agencies. This shall made by You. Addition other information from	Bank City, State Acct.# Check		Company	City, State	Acct.#	Phone	e #	Owing		
ven is a all be litior	Savings									
abov oplic e a c nally	Accounts Receivables				•	Total Account	s Payable \$	\$-		
ve is ation ontiion this	(From Whom Due)		1				-			
true and n is subm nuing aut authoriz	Real Estate (Describe):		Financed By	City, State	Acct.#	Phone #	Payment	Balance Owing		
complete itted ("Yo horizatior ation perr	Trucks Owned (Describe):									
 Applica u") to rev for all pr nits You t 										
The information given above is true and complete. Applicant authorizes source to whom this application is submitted ("You") to review or obtain agencies. This shall be a continuing authorization for all present and fut made by You. Additionally, this authorization permits You to share and fut other information from past present or notential creditors.	Trailers Owned (Describe):									
The information given above is true and complete. Applicant authorizes TEC Equipment, Inc. or its designee(s), assignee(s) or any lending source to whom this application is submitted ("You") to review or obtain any information it may request from any business or consumer reporting agencies. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on Applican made by You. Additionally, this authorization permits You to share and exchange information and to request, obtain and review bank, financial or other information from past, present, or notential creditors.	Auto and Other Equipment Owned (Describe):									
nent, Inc. c ition it may res of accc formation a										
or its desig request fi ount inforn and to req	Other Assets (Describe):									
ynee rom natio uest										
(s), any n an , obt	Total Assets \$	\$ -				Total	Liabilities \$	\$-		
assi busi id cr ain a		IV		EFERENCES						
gnee(s) o ness or c edit expe and reviev	Creditor (Name, City, State, Phone) Conta				e Opened	High Bal.	Mo. Paym	ent		
r any len onsumer rience or w bank, f										
ending er reporting on Applicant , financial or	Taken Bankruptcy Within 10 Years? Yes _		Year	-	Repossessed		No			
or nt	Please attach a	a copy of the la	st 2 year tax ret	urns and 3 mo	onths of bank	c statements				

Applicant Signature and Title Please Print and Sign

Date

<u>В</u>

By Applicant Signature and Title Please Print and Sign

Date