

CREDIT APPLICATION FOR EQUIPMENT1-800-246-7997 | dealerprogram@zaxisfinance.com**ZAXIS Finance**

Dealer/Vendor Name (Equipment Supplier)		Dealer/Vendor Contact Name		Dealer/Vendor Phone #	
Dealer/Vendor Address:		Location (City, State)		Dealer/Vendor Fax #	
Applicant Legal Name:		Tax ID No. (Required)		Phone #	
Physical Address:					
Billing Address:					
Email Address:				Years in Business:	State of Organization:
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Individual	Business Start Date:
Years Since Management Change:		# of Employees:		Annual Revenue: \$	Backlog: \$
Describe the nature of your business:					
Insurance Company Name		Contact Name		Email	Phone Number
Will the equipment be used outside of the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, which countries?					
Approximate Delivery Date:			Need for equipment: <input type="checkbox"/> Growth <input type="checkbox"/> Replacement		
Equipment Description (Quantity, Year, Make, Model, Serial #, Price):			Total Equipment Price: \$		
			Tax: \$		
			Less Down / Trade: \$		
			Finance Amount: \$		
			<small>*If lease, provide equipment location</small>		
Type of financing Desired (choose One):					
<input type="checkbox"/> Loan <input type="checkbox"/> Lease* (\$1.00) <input type="checkbox"/> Lease* (\$Fair Market Value) <input type="checkbox"/> Other					
Lease/Loan Term (months):					
<input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> Other					
Top Customer Name #1		Location (City, State)		% of Annual Sales	
Top Customer Name #2		Location (City, State)		% of Annual Sales	
Owner/Guarantor #1 Name		Cell Phone #	Email Address	Social Security #	% of Ownership
Residence Address:		Country of Citizenship		Residence Phone #	Date of Birth
Owner/Guarantor #2 Name		Cell Phone #	Email Address	Social Security #	% of Ownership
Residence Address:		Country of Citizenship		Residence Phone #	Date of Birth
Has the Applicant, Guarantor(s), or Principal(s) of the Applicant ever been convicted of a Felony?				<input type="checkbox"/> NO <input type="checkbox"/> Yes	
If yes, please explain:					
Has the Applicant, Guarantor(s), or Principal(s) of the Applicant ever filed for bankruptcy?				<input type="checkbox"/> NO <input type="checkbox"/> Yes	
If yes, please explain:					
<small>By signing your name in the box below, the individual(s) who is either a principal of the credit applicant listed above and/or a guarantor of its obligations, provides authorization to ZAXIS Finance its affiliates and its designees (and any nominee, assignee or potential assignee thereof) to obtain and review his/her personal consumer credit report from a consumer credit reporting agency. This authorization shall extend to obtaining a consumer credit report, and additional consumer credit reports, now and again in the future for the purpose of (i) credit evaluation, assessing financial condition and review, including updating, renewing and/or the extending of such credit and/or (ii) reviewing and/or collecting the resulting account, now and from time to time. This authorization applies to this application, any future applications, any requests by you and/or applicant for credit and any solicitations by us to offer you and/or applicant credit. I/we waive any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. In addition to authorizing the review of my / our consumer credit report from any consumer credit reporting agency, the undersigned also authorizes my/our financial institutions and creditors to release credit information required by ZAXIS Finance and its designees (and any assignee or potential assignee thereof). By typing your name in the box below, I/we affirm our identity as the respective individuals identified in the related application. The undersigned states that all of the statements and information in the application are true & complete.</small>					
Applicant Signature:		Applicant Signature:			
Print Name:		Date:	Print Name:		Date: