

CREDIT APPLICATION FOR EQUIPMENT

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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: _____			
Corporation <input type="checkbox"/>	LLC <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Individual <input type="checkbox"/>	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 checked="" 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: \$ _____		
*If lease, provide equipment location					
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 checked="" type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> Other _____ % of Annual Sales _____		
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 checked="" 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 checked="" type="checkbox"/> Yes		
If yes, please explain: _____					
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.					
Applicant Signature:		Applicant Signature: _____			
Print Name: _____		Date: _____	Print Name: _____		Date: _____