

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

Signature

* Denotes Required Field

General Credit Application

Fax to: (989) 561-2375 **or** E-mail to: kedwards@banditchippers.com

(800) 952-01				Dene	,,,,,	icquired i ii	-iu				Rearrai	456.	Januaree		C13.C0111	
Business Inf																
Complete Legal Name of Business*									Business Structure (please check one)* Sole Proprietor No DBA Municipal Sole Proprietor w/ DBA Non-Profit Partnership "S" Corporation						n-Profit	
Doing Business As (DBA) Name (if applicable)										☐ Li	mited Partr .C	·		U "C"	Corporation er:	
Type of Business* Business Start Date*				Di	ate of Current Ownership* Is your business					revenue less than \$50 Million? Yes No				Fede	ral Tax ID #	
Billing Address*					City*			State*			Zip Cod		de* County		nty or Parish*	
Equipment Address (if different than above)					City			State			Zip Co		ode Cou		nty or Parish	
Contact				E-Mail	E-Mail					WEF Customer Number (if current customer)						
Phone Number*				Cell Number*							Fax Number					
1st Principa	l Owner's In	formatio	n - All field	s regu	ired t	for all busin	ess str	ucture	es except	Mun	icipal and	d Non	-Profit			
First Name			Middle Initial			st Name			one ep c		(i.e. Jr, Sr, I		% Owne	d		
Social Security	‡		Date of Birth					Title					Phone N	umber		
Address			1			City					State				Zip Code	
2nd Princip	al Owner's Ir	formati	on - All field	ds reau	uired	for all busi	ness st	ructui	es excep	t Mui	nicipal ar	nd Nor	n-Profit			
First Name			Middle Initial			st Name	11033 30	.ractar	сэ слеер		(i.e. Jr, Sr, I		% Owne	d		
Social Security	‡		Date of Birth					Title		l			Phone N	umber		
Address			l			City					State				Zip Code	
Bank Refere	ence															
Bank Name							City						(State		
Contact						Phone Number										
Equipment	Information															
Dealer Name				Contact				Phone Number				ſ	Requested Term (in months)			
Type of Equipm	ent (Please be a	s specific as	s possible or in	rclude a	сору	of the quote o	or invoice	e)*								
Year Make Model			Description										□ New □ Additional Equipment □ Used □ Replacement Equipment			
Equipment Cos	t*	Amoun	t of Trade-In*		Ar	mount Owed	on Trade	-In*	Cash Dow	n Payn	nent*				ncing Needed*	
Insurance C	ompany (that	will insure	above equipr	nent) - J	NSUR	ANCE IS REQ	UIRED	ON ALL	EOUIPMEN	IT FIN	ANCED					
Insurance Company (that will insure above equipment) - INSURANCE IS REQ Agent Name							_	Company Name								
Phone Number								Policy Number								
Terms & Co	nditions			_												
For purposes of party who may connection witl Bandit and/or a Customer Ident obtain, verify ar	obtaining credit provide credit to n my (our) initial ny party who ma ification Progran	applicant application ay provide on: To help ation that i	to confirm all n for credit, or credit, and/or the governme dentifies each	informa at any ti those re ent fight person	tion ir ime du eferend the fu who d	n this applicat uring the term ces listed abounding of terro opens an acco	ion (which of the lead of the	ch may ease/fin acts or d mone nat this i	include obt ance agree omissions t y launderin neans to yo	taining ment. that oc ig activ ou: wh	credit repo I (We) agre cur in verif vities, Feden en you ope	orts, con ee to rel ying the ral Law en an ac	ntacting r ease and e same in requires a ccount, w	eferend waive a formati all finar e will a	ncial institutions t sk for your name	to
Signature									Tit	le					Date	

Title

Date