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	CREDIT AP	PPLICATION - AL	L OWNERS MUST BE	DISCLOSED		
BUSINESS TYPE: (CHECK	ONE) SOLE PROPR	LIETOR PARTNE	RSHIP CORPORATION	S-CORPORATION	OLLC OLLP	
LEGAL BUSINESS NAME:			D / B/	A:		
NATURE OF BUSINESS:		FEDERAL ID #:		TIME IN BUSINESS:		
MAILING/BUSINESS ADDRESS:		CITY:	STATE:	ZIP:	COUNTY:	
BUSINESS PHONE:		DUCINECC FAV.		CELL		
EXT.		BUSINESS FAX:	BUSINESS FAA.		CELL: FERENT FROM ABOVE)	
WEBSITE:		LOCATION WHERE EQUIPMENT IS KEPT (IF DIFFERE		FFERENT FROM ABOVE)		
ANNUAL REVENUE:	# OF EMPLOYEES:	DATE OF INCORPO	ORATION: STATE OF IN	CORPORATION: BUS	INESS START DATE:	
CHARANTOR 4 FILL N	AME	SOCIAL SECUE	NTV # 10/ OWNED DATE O		ME ADDRESS	
GUARANTOR 1 FULL N	AME TITLE	SOCIAL SECUR	RITY # % OWNED DATE O	F BIRTH HO	OME ADDRESS	
Home Phone:	Cell Phone:	E-mail:		Are you a home		
lave you ever filed for bankru		\sim	was the discharge date?	Country of Citiz	-	
GUARANTOR 2 FULL N	AME TITLE	SOCIAL SECUR	RITY # % OWNED DATE O	F BIRTH HO	OME ADDRESS	
Home Phone:	Cell Phone:	E-mail:		Are you a home	owner? Yes No	
Have you ever filed for bankru	aptcy protection? Yes	No If yes, what	was the discharge date?	Country of Citiz	enship	
GUARANTOR 3 FULL N	AME TITLE	SOCIAL SECUR	RITY# % OWNED DATE O	F BIRTH HO	ME ADDRESS	
Home Phone:	Cell Phone:	E-mail:		A h		
Have you ever filed for bankru			was the discharge date?	Are you a home		
BANK / MONEY MA			DUNT # TELEPH	Country of Citize	NTACT PERSON	
BUSINESS LOA	N REFERENCE	ACCO	OUNT # TELEPH	IONE # CO	NTACT PERSON	
		ASSE				
ENDOR:	ADDRESS:		IPMENT INFORMATION CITY, STATE, ZIF):	SALE PRICE:	
ONTACT:	PHONE:	FAX:	EMAIL:		FINANCE REQUEST:	
New YEAR: MAKE:	MODEL:		DESCRIPTION:	VIN / SERIAL:	DELIVERY DATE	
Used						
			iness and will provide financial statements, we warrant that the information submitted h			
			at to reverse any credit decision if the inform incurred in the placement or reservation of t			
x		¥		Y		
GUARANTOR 1			NTOR 2 SIGNATURE		NTOR 3 SIGNATURE	
	BY CHECKING THIS I	BOX AND TYPING NA	ME ABOVE, I/WE ELECTRON	NICALLY SIGN THE APP	LICATION	