



Equipment Credit Application

DEALER INFORMATION **PLEASE USE BLACK INK**

DEALER NAME _____	DEALER NUMBER _____	DEALER CONTACT _____	PROGRAM TYPE:	<input type="checkbox"/> Retail
			<input type="checkbox"/> FMV	<input type="checkbox"/> \$1 Option

NOTICE TO OHIO APPLICANTS: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDIT WORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW.

BUSINESS INFORMATION

Corporation <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/>	LLC <input type="checkbox"/>	Non-Profit <input type="checkbox"/>	Trust <input type="checkbox"/>	Partnership <input type="checkbox"/>	Tax ID Number _____	Website Address _____	Year-End PBT \$ _____
Legal Business Name _____		Type of Business _____		Date Bus. Estab. _____	Financial Statement Type* _____		
Physical Address _____		City _____	State _____	Zip Code _____	Phone (____) _____		
Billing Address (if other than above) _____		City _____	State _____	Zip Code _____	Phone (____) _____		
Garage Address (if other than above) _____		City _____	State _____	Zip Code _____	Phone (____) _____		
State of Organization _____	Email Address _____	Trade Name/DBA/Parent Company _____			Phone (____) _____		
Principal Name (1) _____		Address _____		Title _____	% Ownership _____		
Principal Name (2) _____		Address _____		Title _____	% Ownership _____		
Principal Name (3) _____		Address _____		Title _____	% Ownership _____		

If more than three Principals, Please attach separate sheet listing information.

Bank and Auto Financing or Other Credit Sources

Financial Institution	Address	Acct. No.	Unpaid Balance	Contact	Phone

GUARANTOR OR SOLE PROPRIETORSHIP

Individual (First Name, Middle Initial, Last Name, Generation) _____		Social Security No. _____		Date of Birth _____	
Present Address: (Number and Street) _____		City _____		State _____	
Zip Code _____		Home Phone (____) _____		Driver's License No. & State _____	
Own/Buying <input type="checkbox"/> Rent/Lease <input type="checkbox"/>		Living with Relative <input type="checkbox"/> Other <input type="checkbox"/>		Lived There _____ Yrs. _____ Mos.	
Alternate Phone (Cell, Pager) (____) _____		Employer Name & Address _____		Main Business # (____) _____	
Time on Job _____ Yrs. _____ Mos.		Monthly Income \$ _____		Gross Monthly Income from Business \$ _____	
Bank Name and Address _____		<input type="checkbox"/> Checking Account # _____ <input type="checkbox"/> Savings Account # _____		Phone (____) _____	

SIGNATURE

NOTICE: I, THE UNDERSIGNED, HEREBY AUTHORIZE THE DEALER, NISSAN MOTOR ACCEPTANCE CORPORATION AND/OR _____ (COLLECTIVELY "PROSPECTIVE CREDITORS"), TO VERIFY CREDIT AND EMPLOYMENT HISTORY AS STATED ABOVE AND TO ANSWER QUESTIONS ABOUT CREDIT EXPERIENCE WITH ME. IF THIS APPLICATION IS MADE PURSUANT TO ANY CREDIT PROGRAM FOR ATTENDEES AND/OR GRADUATES OF SCHOOLS OR EDUCATIONAL INSTITUTIONS, THEN PROSPECTIVE CREDITORS MAY VERIFY MY ELIGIBILITY FOR SUCH PROGRAM, INCLUDING BY INQUIRY TO MY SCHOOL(S) OR EDUCATIONAL INSTITUTION(S). INSURANCE RELATED TO THE CREDIT FOR WHICH I AM APPLYING MAY BE PURCHASED FROM AN INSURER OR AGENT OF MY CHOICE WHO MEETS PROSPECTIVE CREDITOR STANDARDS. IN CONNECTION WITH THIS APPLICATION FOR CREDIT, PROSPECTIVE CREDITORS MAY REQUEST A CREDIT REPORT. ON MY REQUEST, PROSPECTIVE CREDITORS WILL ADVISE ME IF THE REPORT WAS ACTUALLY ORDERED AND IF SO, THE NAME AND ADDRESS OF THE AGENCY THAT FURNISHED THE REPORT. PROSPECTIVE CREDITORS MAY ORDER SUBSEQUENT CREDIT REPORTS.

I AUTHORIZE PROSPECTIVE CREDITORS TO ASK MY PAST AND CURRENT CREDITORS ("CREDIT REFERENCES"), INCLUDING CREDITORS LISTED ABOVE OR ON MY CREDIT REPORT, ABOUT MY CREDIT PERFORMANCE WITH THEM AND TO DISCLOSE TO OTHER PERSONS, INCLUDING CREDIT REPORTING AGENCIES, INFORMATION ABOUT MY ACCOUNTS AND CREDIT EXPERIENCE. THIS SHALL BE A CONTINUING AUTHORIZATION FOR ALL PRESENT AND FUTURE REQUESTS AND DISCLOSURES. PROVISION BY PROSPECTIVE CREDITORS OF A COPY OF THIS AUTHORIZATION SHALL SERVE AS MY DIRECTION THAT MY CREDIT REFERENCES PROVIDE MY CREDIT PERFORMANCE INFORMATION.

EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND CONSTITUTES MY ENTIRE APPLICATION FOR CREDIT WITH THE PROSPECTIVE CREDITORS. I UNDERSTAND THAT PROSPECTIVE CREDITORS WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. I WILL NOTIFY PROSPECTIVE CREDITORS, IF APPLICABLE, WITHIN A REASONABLE TIME OF ANY CHANGE IN MY NAME, ADDRESS OR EMPLOYMENT.

TO THE EXTENT PERMITTED BY LAW, I CONSENT THAT YOU, YOUR ASSIGNEES, AND YOUR AGENTS MAY CONTACT ME AT ANY TELEPHONE NUMBER YOU HAVE FOR ME, INCLUDING ANY CELL PHONE NUMBERS AND ANY PHONE NUMBERS LISTED ON THIS DOCUMENT, BY ANY MEANS YOU SELECT, INCLUDING AN AUTOMATIC TELEPHONE DIALING SYSTEM, TEXT MESSAGING, AND/OR AN ARTIFICIAL OR PRE-RECORDED VOICE.

Company: _____	X	SIGNATURE OF GUARANTOR	DATE
By (signature): _____			
Title: _____			
Date _____			

DEALER

PROPOSED FINANCING TERMS SINGLE UNIT	EQUIPMENT DESCRIPTION															
<table style="width: 100%;"> <tr> <td style="width: 50%;"> RETAIL SALES PRICE \$ _____ DOWN PAYMENT \$ _____ NET TRADE \$ _____ AMOUNT FINANCED \$ _____ ATTACHMENTS \$ _____ ATTACHMENTS \$ _____ TERM _____ </td> <td style="width: 50%;"> USAGE <input type="checkbox"/> Normal/clean <input type="checkbox"/> Freezer/Cooler <input type="checkbox"/> Foundry Hazardous Waste <input type="checkbox"/> Recycling metal/paper <input type="checkbox"/> Paper/Textile Mill <input type="checkbox"/> Moderately abusive <input type="checkbox"/> Corrosive <input type="checkbox"/> Other _____ MAINTENANCE Add maintenance to monthly payment? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____ </td> </tr> </table>	RETAIL SALES PRICE \$ _____ DOWN PAYMENT \$ _____ NET TRADE \$ _____ AMOUNT FINANCED \$ _____ ATTACHMENTS \$ _____ ATTACHMENTS \$ _____ TERM _____	USAGE <input type="checkbox"/> Normal/clean <input type="checkbox"/> Freezer/Cooler <input type="checkbox"/> Foundry Hazardous Waste <input type="checkbox"/> Recycling metal/paper <input type="checkbox"/> Paper/Textile Mill <input type="checkbox"/> Moderately abusive <input type="checkbox"/> Corrosive <input type="checkbox"/> Other _____ MAINTENANCE Add maintenance to monthly payment? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____	<table style="width: 100%;"> <tr> <td colspan="2">SERIAL #: _____</td> </tr> <tr> <td>NEW <input type="checkbox"/> INVOICE \$ _____</td> <td rowspan="2">TRADE IN:</td> </tr> <tr> <td>USED <input type="checkbox"/> VALUE GUIDE: _____</td> </tr> <tr> <td>DEMO <input type="checkbox"/> USED VALUE \$ _____</td> <td></td> </tr> <tr> <td>YEAR _____</td> <td>YEAR _____</td> </tr> <tr> <td>MAKE _____</td> <td>MAKE _____</td> </tr> <tr> <td>MODEL _____</td> <td>MODEL _____</td> </tr> </table>	SERIAL #: _____		NEW <input type="checkbox"/> INVOICE \$ _____	TRADE IN:	USED <input type="checkbox"/> VALUE GUIDE: _____	DEMO <input type="checkbox"/> USED VALUE \$ _____		YEAR _____	YEAR _____	MAKE _____	MAKE _____	MODEL _____	MODEL _____
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<p>*Indicate which of the following is applicable to the financial statement submitted: CPA Prepared, CPA Reviewed, CPA Audited, CPA Unaudited, Tax Return, 10K or 10Q.</p>																