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10701 Shady Trail
Dallas, TX 75220
Phone No.: (214) 352-8995
Fax No.: (214) 352-8997

BUSINESS

CONSTRUCTION EQUIPMENT FINANCE APPLICATION

CUSTOMER (EXACT LEGAL NAME)				DBA			
STREET ADDRESS (NO P.O. BOXES)			CITY		STATE	ZIP	FEDERAL TAX ID NO. (IF ANY)
PHONE NO.		CELL NO.			FAX NO.		
BUSINESS DESCRIPTION		YEARS IN BUSINESS		YEARS UNDER CURRENT OWNERSHIP		GROSS ANNUAL SALES \$	
CORPORATION	PARTNERSHIP	SOLE PROPRIETOR	LLC	STATE & DATE OF INCORPORATION		SALES TAX EXEMPT: Yes (Attach copy of certificate)	

OWNERSHIP INFORMATION

OWNER / PARTNER / MEMBER			Own	Rent	How Long?	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH
STREET ADDRESS			<input type="checkbox"/>	<input type="checkbox"/>		STATE	ZIP	HOME PHONE NO.
OWNER / PARTNER / MEMBER			Own	Rent	How Long?	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH
STREET ADDRESS			<input type="checkbox"/>	<input type="checkbox"/>		STATE	ZIP	HOME PHONE NO.

NOTE: If additional partners/shareholders/members please include like information on second page.

BANK AND SECURED LOAN OR LEASE REFERENCES

BANK NAME	CONTACT	PHONE NO.	ACCOUNT NO.
BANK / FINANCE COMPANY	CONTACT	PHONE NO.	ACCOUNT NO.
BANK / FINANCE COMPANY	CONTACT	PHONE NO.	ACCOUNT NO.

EQUIPMENT DESCRIPTION / TERMS OF SALE / DEALER INFORMATION

EQUIPMENT DESCRIPTION				
EQUIPMENT DESIGNATION NEW USED	CONTRACT TYPE LEASE LOAN	IF LEASE, END-OF-TERM OPTION	TERM	SKIPS
DEALER / DISTRIBUTOR NAME TNT Equipment Company		CONTACT		TELEPHONE NO.

Finance Rates are subject to change without notice

SALES PRICE: \$	
FREIGHT/DELIVERY: \$	
SALES TAX: \$	
NET TRADE-IN: \$	
DOWN PAYMENT: \$	
RENTAL CREDIT: \$	
DOC FEE: \$	
TOTAL TO FINANCE: \$	

I understand this equipment application may be approved based on my business and personal credit. I authorize TNT Equipment or Atlas Leasing and Finance, LLC and/or it's assignees and designees including but not limited to or Wells Fargo Equipment Finance to check references, bank accounts and obtain any personal credit information necessary. In accordance with the Patriot Act, I authorize any company to verify that the information I have given and I pledge that the information I have provided is correct. I Authorize that all information be released by telephone. NOTE: Financial Statements, bank statements and/or tax returns may be required.

X

Authorized Signature