

Use the **Secure Transfer Portal** link on our website to safely send us your confidential information.

www.ErvinLeasing.com

Recipient: CreditDept@ErvinLeasing.com



Credit Application

Phone: 800.748.0015

Fax: 800.968.2808

COMPANY (exact legal name required)	
Legal Name	
Address	
City/State/Zip	
Telephone Number	Fax Number
Contact Person	Title
Email Address	
Website URL Address	

SUPPLIER INFORMATION	
Company	
Address	
City/State/Zip	
Telephone Number	Fax Number
Salesperson	
Email Address	
Supplier's Federal Tax ID #	

Company's Federal Tax ID # (Required)	Nature of Business	Time in Business _____ Years _____ Mos.	State of Incorporation
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Other			

EQUIPMENT DESCRIPTION:
<input type="checkbox"/> New <input type="checkbox"/> Used

Equipment Location (if other than above)
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Equip. Cost \$ _____	Term _____	Mo. Pmt. \$ _____	Purch. Option <input type="checkbox"/> \$ 1.00 <input type="checkbox"/> FMV
<i>Without Tax **</i>			

BANK (Please include 3 months business operating account bank statements)
PLEASE PROVIDE THE FOLLOWING INFORMATION ON PRINCIPALS

Name	Home Address	City/State/Zip	Date of Birth	Social Security Number	% Ownership

SIGNATURE / RELEASE

It is expressly understood that this constitutes an application only and in itself shall not be binding upon either party. Additionally, I / we authorized Ervin Leasing (and its designee or assignee) to investigate the banks, savings and loan and trade references listed, and if required by Ervin Leasing (and its designee or assignee), to perform personal credit investigations on the corporate principals, partners or proprietor listed above.

Authorization: _____	Date: _____
Authorization: _____	Date: _____
Authorization: _____	Date: _____
Authorization: _____	Date: _____

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