



Southeast Industrial Equipment, Inc.

Business Credit Application

Email completed form to: _____ or Fax to: _____

Please complete all information to avoid unnecessary delays in processing your application.

Dealer: Southeast Industrial Equipment	Sales Person: Shawn Moore	Contact Number: 704-399-9700
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Section 1: Business Applicant - Company Information

Type of Ownership (select one) <input type="checkbox"/> C-Corp <input type="checkbox"/> General Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Professional Association			
<input type="checkbox"/> Non-Profit <input type="checkbox"/> S-Corp <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship			
State of Entity Formation:	Date of Entity Formation:	Federal Tax ID Number:	Industry / Description of Business:

Business Name (legal and trade names):			
Principal Place of Business:	Address 1 (not P.O. Box):		
	Address 2 (floor, suite):		
City:	State:	Country:	Zip:
Contact Name/Title:	Bus Ph:	Fax:	Annual Sales:
Mailing Address:	City:	St:	Zip: Mail Ph:

Parent Company Name and Address (not P.O. Box):			
City:	State:	Country:	Zip:

Financial Statements Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any prior repossessions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any prior bankruptcy filings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any outstanding liens or judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Bank:
Does your business operate outside of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		Bank Relationship: <input type="checkbox"/> Borrowing and/or <input type="checkbox"/> Deposits

Section 2: Sole Proprietor Applicant / Co-Applicant / Guarantor

Check here if a: Sole Proprietor Applicant Co-Applicant Guarantor

Name:	Social Security Number:	Date of Birth:
Home Address:	City:	State: Zip:
<input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Rent/Mortgage:	Home Phone: Mobile Phone:

Personal References

Name & Relationship:	Street:	City:	State:	Zip:	Phone Number:
1					
2					

Monthly Obligations to Others

Credit: \$	Liens: \$	Alimony / child support: \$	Other: \$
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Business/Employment Information (Sole Proprietor only)

First time owner operator? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, years of experience as a driver: _____	If no, years of experience as an owner operator: _____
Number of years in business / employed: _____	Previous employer if less than 5 years at current employment: _____	

Section 3: Insurance For Equipment / Sales Tax / Purchase Order Information

Name of Insurance Company:	Contact:	Phone Number:	Policy Number:	Expiration Date:
If Self-Insured, does applicant have a contingent policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, please provide details:	
Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No			Purchase Order Number Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Certification and Signatures

Each of the undersigned agrees, represents and warrants with respect to themselves alone and with respect to the information related to themselves alone. The completed form is furnished to Southeast Industrial Equipment, Inc (SIE) and each of the undersigned hereby instructs, consents, and authorizes SIE, or any affiliate, subsidiary, or any other entity related thereto to obtain a consumer credit report and any other information relating to their individual credit status from the vendor or lender of SIE's choice. The completed form is furnished to SIE in connection with an application for financing a business purchase or lease of commercial use equipment or vehicle (s) and SIE and its vendors will rely on the information furnished in connection with this application in making its decision. The undersigned represents and warrants that all information contained in the above application and in all financial statements or other information provided to SIE and/or its vendors in connection with this application, is complete, true and correct, and accurately reflects the current financial condition of the undersigned. The undersigned has no knowledge of any liabilities, contingent or otherwise, not reflected in this application or any of the financial statements provided to SIE and/or its vendors in connection with this application. Since the date of the most recent financial statements furnished to SIE and/or in connection with this application, there have been no materially adverse changes in the financial condition of the subject of the statements. If the undersigned is an individual or sole proprietor, the undersigned further agrees as follows: I authorize SIE and the vendor/lender of its choice to investigate my credit and employment history and to obtain a consumer credit report on me from one or more credit reporting agencies. If credit is granted, I authorize SIE and its vendor/lender to obtain subsequent consumer credit reports on me in connection with any update, renewal or extension of credit, collection of the account, or other legitimate business purposes associated with the account, and to release information about its credit experience with me to others as permitted by law.

Signature (Applicant/Guarantor)	Title:	Print Name:	Date:
Signature (Co-Applicant/Guarantor)	Title:	Print Name:	Date:

