



Fax completed application to: (877) 408-4636

For questions please call: (800) 266-3255

BUSINESS

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 \$		
<input type="checkbox"/> CORPORATION		<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> LLC	STATE & DATE OF INCORPORATION
					SALES TAX EXEMPT: <input type="checkbox"/> Yes (Attach copy of certificate)

OWNERSHIP INFORMATION

OWNER / PARTNER / MEMBER	TITLE	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH
STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE NO.
OWNER / PARTNER / MEMBER	TITLE	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH
STREET ADDRESS	CITY	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 DETAILS:	YEAR	MAKE	MODEL	SERIAL NUMBER	DESCRIPTION AND/OR ATTACHMENTS	
EQUIPMENT DESIGNATION <input type="checkbox"/> NEW <input type="checkbox"/> USED	CONTRACT TYPE <input type="checkbox"/> LEASE <input type="checkbox"/> LOAN		TERM	INTEREST RATE	SKIPS	IF LEASE, END-OF-TERM OPTION
DEALER NAME			CONTACT NAME			TELEPHONE NO.

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

ECOA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT). If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Credit Manager, Manitou Finance, 475 Sansome Street, 19th Floor, San Francisco, California 94111, (415) 956-5174 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is the Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.

I understand this equipment application may be approved based on my business and personal credit. I authorize Manitou Finance, Manitou Americas, Inc., or any other lender to which this application is submitted, and their respective affiliates and assignees, to check references, bank accounts and credit information for use in connection with this credit transaction. I further authorize the release of this application to any other lender. NOTE: Financial Statements or tax returns may be required.

X _____
AUTHORIZED SIGNATURE

DATE _____

X _____
AUTHORIZED SIGNATURE

DATE _____

