**Credit Application** 

Name #2 Authorized Signature

Send completed application to: <a href="mailto:efindustrial@cit.com">efindustrial@cit.com</a>
Fax: 800-835-5701 Telephone: 877 -496-4374
If greater than \$350,000, attach three years



of financial statements and/or tax returns Vendor / Supplier Information Vendor / Supplier Name Address City State Zip Code Contact Name Phone No eMail Transactional Information (Nothing contained herein constitutes a lending commitment. Terms subject to credit approval.) ☐ Titled Equipment □ New □ Used # Hours of Usage(if used): Manufacturer PRIMARY USE OF EQUIPMENT? Equipment Make and Model Equipment Cost Less Trade (-\$) Less Down Payment (-\$) = Total Financed Amount Taxes (+\$) ☐ 12 ☐ 24 ☐ 36 ☐ 48 ☐ 60 ☐ Other □ Loan □ \$1 Buyout □ Fair Market Value □ Subsidy (Promo) Type of Financing Number of Months in Term Customer Information (Please list exact legal name of entity) ☐ Check If Rental Company ☐ Sales Tax Exempt Legal Name FEI / SSI # (Required) Date of Birth (Sole Proprietor only) Street Address City State Zip Code Billing Address (if different from above) City State Zip Code Contact Name Contact Title Contact Phone Contact's e-Mail Address Company Phone Number Nature of Business Years of Operation By Present Owner No. of Employees State of Incorporation Check one: ☐ LLC ☐ Non-Profit ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other Legal Structure Credit References (Bank and/or Trade) Contact Phone Contact E-Mail Company Name **Authorization** ou consent to the investigation of your credit in conjunction with this application. You agree to provide financial statements, tax returns, etc., as we deem necessary to review this application You warrant that the information submitted to us is true and correct. You hereby authorize us to obtain further information concerning your credit standing from any credit bureau, your references, or any other person and that such information and reports may be shared by us with and amongst our affiliates. You further hereby authorize us to perform any other type(s) of background checks we deem necessary. The foregoing applies during the term of any resulting business arrangement between us and you ("Arrangement") and such investigations, information, reports, and background checks may be obtained by us from time to time during such Arrangement. Applicant hereby authorizes us, our affiliates, or designees to execute and file any UCC financing statements in customer's name upon approval of the application. The undersigned individual (s), recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to an and authorizes the above named business credit provider and an assigned, lender or funding service that may be utilized to obtain and use a consumer report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. I acknowledge receipt of the attached Equal Credit Opportunity Act notice. Authorized Signature Signer's Printed Name and Title Personal Guarantor Information (Complete if the credit application is being submitted with a proposed personal guaranty) Name #1 Social Security Number Date of Birth Home Address City State Zip Code Name #2 Social Security Number Date of Birth Home Address Citv State Zip Code You consent to the investigation of your credit in conjunction with this application. You agree to provide financial statements, tax returns, etc., as we deem necessary to review this application. You warrant that the information submitted to us is true and correct. You hereby authorize us to obtain further information concerning your credit standing from any credit bureau, your references, or any other person and that such information and reports may be shared by us with and amongst our affiliates. You further hereby authorize us to perform any other type(s) of background checks we deem necessary. The foregoing applies during the term of any resulting business arrangement between us and you ("Arrangement") and such investigations, information, reports, and background checks may be obtained by us from time to time during such Arrangement. Name #1 Authorized Signature Signer's Printed Name Date Signed

Signer's Printed Name

Date Signed

## **Equal Credit Opportunity Act Notice**



If your application for business credit is denied, you have a right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Disclosure Administrator, at CIT Bank, N.A. within 60 days from the date you are notified of our decision. Our mailing address is:

CIT Bank, N.A.
PO Box 550599
Jacksonville, FL 32255
Attn: Credit Disclosure Administrator

Our telephone number is 904-380-9283.

We will send you a written statement of reasons for denial within 30 days of receiving your request for the statement. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, gender, 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 this creditor is the Consumer Financial Protection Bureau, 1700 G Street NW, Washington DC 20006.

**Applicant: Please retain for your records**