

Scotchman

SCOTCHMAN EQUIPMENT LEASING APPLICATION

Please send completed application to: Scotchman Industries, Inc., P.O. Box 850,
Philip, South Dakota 57567 or Fax: (800) 843-5545 or Email: sccleasing@scotchman.com

LESSEE INFORMATION

COMPANY NAME (FULL LEGAL NAME) _____
DBA NAME _____ YEARS IN BUSINESS _____
BILLING ADDRESS _____ CITY/STATE _____ ZIP _____
STREET ADDRESS _____ CITY/STATE _____ ZIP _____
PHONE NO. _____ FAX NO. _____ COUNTY _____
CHECK ONE: PROPRIETORSHIP PARTNERSHIP CORPORATION LLC OTHER
STATE OF ORGANIZATION _____ STATE I.D.# _____ FEDERAL I.D.# _____

DEALER INFORMATION

DEALER NAME _____ SALESMAN _____
ADDRESS _____ CITY/STATE _____ ZIP _____
DEALER PHONE NO. _____ SALESMAN CELL NO. _____

EQUIPMENT INFORMATION

TERMS OF LEASE: # OF YEARS _____ MULTIPLIER _____ SALES TAX% _____
EQUIPMENT LOCATION _____ COUNTY _____

QUANTITY	DESCRIPTION (MAKE, MODEL, ATTACHMENTS)	UNIT COST
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

NAME _____ SOCIAL SECURITY NO. _____ TITLE _____
HOME ADDRESS _____ CITY/STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ EMAIL _____
NAME _____ SOCIAL SECURITY NO. _____ TITLE _____
HOME ADDRESS _____ CITY/STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ EMAIL _____

TRADE/CREDIT REFERENCES (Minimum Two Year History)

STEEL SUPPLIER _____ PHONE NO. _____ CONTACT _____
SUPPLIER NAME _____ PHONE NO. _____ CONTACT _____
SUPPLIER NAME _____ PHONE NO. _____ CONTACT _____

BANK REFERENCE (Minimum Two Year History)

BANK NAME _____ CITY/STATE _____ CONTACT _____
PHONE NO. _____ FAX NO. _____ CHECKING ACC'T NO. _____

AUTHORIZATION TO RELEASE CREDIT INFORMATION

We hereby authorize Scotchman Industries, or any lending institution working on Scotchman's behalf, to investigate my/our financial responsibility and credit worthiness. This is my/our authorization for the herein references to release any information requested as part of Scotchman's normal credit procedures.

AUTHORIZED THIS _____ DAY OF _____, 20____

COMPANY NAME _____ AUTHORIZED SIGNATURE _____ TITLE _____
AUTHORIZED CO-SIGNATURE _____ TITLE _____