

HCA Equipment Finance LLC

Phone: 866-718-4223

Fax : 877-736-3422

(RETAIL)

CREDIT APPLICATION

COMPANY INFORMATION

Applicant Company Name _____
Address _____
City/State/Zip _____
Primary Contact Name _____ Phone Number (____) _____
Nature of Business _____ Years in Business _____ Number of Employees _____
Principal _____ Soc. Sec. No. _____
Principal _____ Soc. Sec. No. _____

TYPE OF BUSINESS
__ PROPRIETORSHIP
__ Other (LLC, LLP)
__ PARTNERSHIP
__ CORPORATION

Taxpayer ID Number

State of Incorporation

When Incorporated

BANK AND CREDIT INFORMATION

Bank Reference _____ Account Officer _____ Phone Number _____
Address City/State/Zip _____ Checking Acct. No. _____ Other Acct. No. (Type) _____
Finance Reference _____ Contact Person _____ Phone Number _____
Supplier Reference _____ Contact Person _____ Phone Number _____
Supplier Reference _____ Contact Person _____ Phone Number _____

TRANSACTION INFORMATION

Equipment Description _____ Term: No. of months _____
Serial Number _____ Hours Operated _____
Attachment(s) Description _____
Trade-in(s) Description _____
Transaction Type: _____ Retail Installment _____ Equipment Lease _____ Used Equipment IF
EQUIPMENT LEASE: Stated Purchase Option \$ / % _____ or FMV _____

SALE PRICE _____
ATTACHMENTS _____
OTHER _____
NET TRADE-IN (_____) _____
DOWN PAYMENT (_____) _____
TAXES _____
FEES, INS, ETC. _____
HCA Doc Fee \$300.00 _____
TOTAL AMOUNT TO FINANCE _____



Equipment & Systems for Industry, Inc.

DEALER INFORMATION

Dealer Name EQUIPMET AND SYSTEMS for INDUSTRY, Inc. _____ Representative _____
Address 71 SOUTH STREET _____ Phone Number 508-435-9494 _____
City, State, Zip HOPKINTON, MASSACHUSETTS 01748 _____ Fax Number 508-435-1919 _____

NOTICE TO CREDITORS: TO WHOM THIS MAY CONCERN

I authorize the holder of this application and their assigns to verify, receive and exchange information about me, the company and the owners of the company, including requesting reports from commercial and consumer reporting agencies. I authorize and instruct any person, trade reference, bank, finance company and consumer reporting agency to compile and furnish any information requested to process this credit application. This information may be obtained by telephone inquiry. I represent that this application is for commercial or business purposes. If approved I understand I will be required to provide and keep in good standing physical damage and liability insurance coverage.

Name (please print) _____ SIGNATURE: _____ DATE _____

Name (please print) _____ SIGNATURE: _____ DATE _____