



CREDIT APPLICATION

If you choose to lease the equipment from Garsite, simply fill-out this credit application and fax to: 913-342-0638

| BUSINESS INFORMATION | | |
|---|-------------------------------------|------------------|
| Company Name: | Business Phone: | Business Fax |
| Physical Address: | City: | State: Zip Code: |
| Years Under Same Ownership: | | |
| Type of Business (Check One): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Municipality <input type="checkbox"/> Nonprofit <input type="checkbox"/> LLC | | |
| Federal I.D. No.: | Date of Incorporation/Organization: | |

| PERSONAL INFORMATION <i>Include all owners to account for 100% of company ownership</i> | | | |
|---|-----------------|------------------|-----------------|
| 1. Owner / Primary Contact | Title: | Ownership % | SSN: |
| Home Phone: | Business Phone: | Alternate Phone: | E-mail Address: |
| Home Address: | City: | State: | Zip Code: |
| 2. Owner | Title: | Ownership % | SSN: |
| Home Address: | City: | State: | Zip Code: |
| 3. Owner | Title: | Ownership % | SSN: |
| Home Address: | City: | State: | Zip Code: |

| EQUIPMENT INFORMATION | | | | |
|---|--------|--------|-----------------|--------|
| <i>Please attach the equipment quote if available</i> | | | | |
| | | YEAR | MAKE | MODEL |
| 1 | Qty:.. | Price: | Cab & Chassis: | |
| | | | Equipment Body: | |
| 2 | Qty:.. | Price: | Cab & Chassis: | |
| | | | Equipment Body: | |
| Equipment Seller: | | City: | State: | Phone: |

The undersigned authorizes all parties contacted to release credit & financial information requested by Garsite or their assigns.

Signature Title Date

Fax to 913.342.0638