



Credit Application

Fax: (800) 288-4959
Email: applications@firstwesternef.com

Customer's Business Information: (exact legal name required)

Legal Business Name			Business Phone Number
Business Address	City	State	Zip Code
Bill To Address (Leave Blank If Same As Above)	City	State	Zip Code
Ship to Address (Leave Blank If Same As Above)	City	State	Zip Code
Structure of Business <input type="checkbox"/> Corporation: State of ____ <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC: State of ____ <input type="checkbox"/> Government			Years in Business Under Current Ownership
Contact Name		Title/Position	
Contact Phone Number	Alternate Phone Number	Email Address	
Nature of Business	Federal ID #	Annual Sales/Revenue Prior Year \$ _____ Current Year \$ _____	

Customer's Personal Information: (exact legal name required)

#1 Owner Legal Name		Home Address	City
State	Zip Code	Email Address	% Ownership Social Security #
#2 Owner Legal Name		Home Address	City
State	Zip Code	Email Address	% Ownership Social Security #

Equipment

Equipment Description			Equipment Cost
Equipment Type	<input type="checkbox"/> Agriculture <input type="checkbox"/> Automotive <input type="checkbox"/> Cleaning <input type="checkbox"/> Construction <input type="checkbox"/> Drones <input type="checkbox"/> GPS/Survey <input type="checkbox"/> Landscape <input type="checkbox"/> Medical <input type="checkbox"/> Power Equipment <input type="checkbox"/> Other	Please provide your equipment quote (if applicable) with a signed credit application.	

**If you are sales/use tax exempt, please include your tax exemption certificate with the signed credit application.
 **Total equipment cost over \$100,000 requires last two years of business financial statements and current interim statement*

Finance Program

Program	Term	Advance Payment	Rate/Factor	Purchase Options <input type="checkbox"/> EFA <input type="checkbox"/> \$1 Lease <input type="checkbox"/> FMV <input type="checkbox"/> Rental
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Vendor Contact Information: (For Multiple Vendor Deals) Please Provide (All) Equipment Quotes With Signed Application

Vendor Business Name	Vendor Website	Vendor Phone #
Vendor Address	City	State Zip Code
Sales Rep Name	Sales Rep Phone #	Sales Rep Email or Fax

Financing Administered by First Western Equipment Finance



First Western Equipment Finance
Financing Made Simple.

Jay Hagen
Business Development Manager
First Western Equipment Finance
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Melissa LeucaFiranek
Account Manager
First Western Equipment Finance
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Authorization & Owner(s) Signature(s)

I (we) authorize First Western Equipment Finance to review my credit to qualify for the financing requested in this application against any credit reporting bureau/agency; review any and all information or references disclosed in this application; information will remain confidential and will not be disclosed to any third party outside of credit reporting agencies. I (we) certify that the above information is complete and correct and the equipment is being acquired for commercial and not consumer use.

Signed By: _____ Date: _____
 Signed By: _____ Date: _____