



# Finance Credit Application

Fax to: (800) 987-2430 **or**

E-mail to:

funeralsourceone@gmail.com

Phone: 1-888-792-9315

\* Denotes Required Field

**Business Information**

Complete Legal Name of Business*		Type of Business (please check one)* <input type="checkbox"/> Funeral Home Only <input type="checkbox"/> Funeral Home and Cemetery <input type="checkbox"/> Funeral Service Business Only <input type="checkbox"/> Cemetery Only <input type="checkbox"/> Other:		Business Structure (please check one)* <input type="checkbox"/> Sole Proprietor No DBA <input type="checkbox"/> Municipal <input type="checkbox"/> Sole Proprietor w/ DBA <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> "S" Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> "C" Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:	
Doing Business As (DBA) Name (if applicable)		Number of Calls per Year*		Number of Employees*	
Annual Revenue*		Business Start Date*		Date of Current Ownership*	
Billing Address*		City*		State*	
Equipment Address (if different than above)		City		State	
Contact		E-Mail		WEF Customer Number (if current customer)	
Phone Number*		Cell Number*		Fax Number	
				Federal Tax ID #	
				Zip Code*	
				County or Parish*	
				Zip Code	
				County or Parish	

**1st Principal Owner's Information - All fields required for all business structures except Municipal and Non-Profit**

First Name		Middle Initial	Last Name		Suffix (i.e. Jr, Sr, II, III)	% Owned
Social Security #		Date of Birth		Title		Phone Number
Address		City		State		Zip Code

**2nd Principal Owner's Information - All fields required for all business structures except Municipal and Non-Profit**

First Name		Middle Initial	Last Name		Suffix (i.e. Jr, Sr, II, III)	% Owned
Social Security #		Date of Birth		Title		Phone Number
Address		City		State		Zip Code

**Bank Reference**

Bank Name		City		State	
Contact		Phone Number			

**Equipment Information**

Vendor Name		Contact		Phone Number		Requested Term (in months)	
Type of Equipment (Please be as specific as possible or include a copy of the quote or invoice)*							
Model		Description				<input type="checkbox"/> New <input type="checkbox"/> Additional Equipment <input type="checkbox"/> Used <input type="checkbox"/> Replacement Equipment	
Equipment Cost*		Amount of Trade-In*		Amount Owed on Trade-In*		Cash Down Payment*	
Amount of Financing Needed*							

**Insurance Company (that will insure above equipment) - INSURANCE IS REQUIRED ON ALL EQUIPMENT FINANCED**

Agent Name		Company Name					
Phone Number		Policy Number					

**Terms & Conditions**

For purposes of obtaining credit, I (We) certify that all of the information in this application is true and correct. I (We) authorize Western Equipment Finance, Inc. (Western) to confirm all information in this application (which may include obtaining credit reports, contacting references, etc.) either in connection with my (our) initial application for credit, or at any time during the term of the lease/finance agreement. I (We) agree to release and waive all claims against Western and those references listed above for all acts or omissions that occur in verifying the same information.

Customer Identification Program: To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying documents.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_