



### CREDIT APPLICATION

#### BUSINESS INFORMATION

Full Legal Company Name:	Office Ph:	Year Business Started:
Trade Name or DBA:	Fax #:	No. of Employees:
Street Address:	Business Structure: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>	
City, State, Zip:	Nature of Business:	
Bonding Company and Phone Number	Contractors License Number	

#### OWNER / PRINCIPAL

Owner 1 - Name:	Title:	Social Security No.:	% Ownership:
Home Address:	Cell Ph:	HomePh:	Homeowner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Owner 2 - Name:	Title:	Social Security No.:	% Ownership:
Home Address:	Cell Ph:	HomePh:	Homeowner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/Address of Nearest Living Relative:			Relative's Home Ph:

#### INSURANCE

Name	Telephone	Policy No.	Contact

#### BUSINESS BANKING

Name & Branch	Telephone	Account No.	Contact	Account Type

#### MAJOR SOURCES OF INCOME

Customer Name	How Long?	Contact	Phone Number

#### OTHER

Have you ever been bankrupt?	<input type="checkbox"/> No	<input type="checkbox"/> Yes; What Year? _____
Have you ever had equipment repossessed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes; By Whom: _____ Date: ___ / ___ / ___
Are you a defendant in any legal action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have any unpaid tax liens or judgments on your credit?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you making payments on tax liens or judgments?	<input type="checkbox"/> No	<input type="checkbox"/> Yes; Please attach proof of payment/agreement to pay, etc.
Are you a co-maker, endorser, or guarantor on any debts of others?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If "yes" to above questions, please explain: _____		

**PARTNERSHIP**

**Registered Trade Name:** \_\_\_\_\_

**Place (State) of Registration:** \_\_\_\_\_

**Partner 1** Interest \_\_\_\_\_%  General  Limited

**Partner 2** Interest \_\_\_\_\_%  General  Limited

Name \_\_\_\_\_  
Social Security Number\* \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_  
Social Security Number\* \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**Partner 3** Interest \_\_\_\_\_%  General  Limited

**Partner 4** Interest \_\_\_\_\_%  General  Limited

Name \_\_\_\_\_  
Social Security Number\* \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_  
Social Security Number\* \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**CORPORATION**

**Full Corporate Name:** \_\_\_\_\_

**Place (State) of Registration:** \_\_\_\_\_

**Federal Tax ID** \_\_\_\_\_

**State of Incorporation** \_\_\_\_\_

**Date of Incorporation** \_\_\_\_\_

**President** Stock Ownership \_\_\_\_\_%

**Vice President** Stock Ownership \_\_\_\_\_%

Name \_\_\_\_\_  
Social Security Number\* \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State Zip \_\_\_\_\_

Name \_\_\_\_\_  
Social Security Number\* \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**Secretary** Stock Ownership \_\_\_\_\_%

**Treasurer** Stock Ownership \_\_\_\_\_%

Name \_\_\_\_\_  
Social Security Number\* \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State Zip \_\_\_\_\_

Name \_\_\_\_\_  
Social Security Number\* \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**LIMITED LIABILITY COMPANY**

**Registered Name:** \_\_\_\_\_

**Place (State) where Articles  
of Organization are recorded:** \_\_\_\_\_

**Federal Tax ID:** \_\_\_\_\_

**Date Recorded:** \_\_\_\_\_

**Recording No.:** \_\_\_\_\_

**President** Ownership Int. \_\_\_\_\_%

**Vice President** Ownership Int. \_\_\_\_\_%

Member Name \_\_\_\_\_  
Social Security Number\* \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State Zip \_\_\_\_\_

Member Name \_\_\_\_\_  
Social Security Number\* \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**Secretary** Ownership Int. \_\_\_\_\_%

**Treasurer** Ownership Int. \_\_\_\_\_%

Member Name \_\_\_\_\_  
Social Security Number\* \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State Zip \_\_\_\_\_

Member Name \_\_\_\_\_  
Social Security Number\* \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

\*Required of all personal guarantors.

## Rental Company References

For: \_\_\_\_\_

Trade Reference	
*Company Name:	
*Phone:	*Fax:
Contact:	Account #:

Trade Reference	
*Company Name:	
*Phone:	*Fax:
Contact:	Account #:

Trade Reference	
*Company Name:	
*Phone:	*Fax:
Contact:	Account #:

\*Required

I authorize the above named references to furnish the information requested below to ISCO Machinery, Inc for the purpose of opening an account with ISCO Machinery, Inc. I understand and agree that ISCO Machinery, Inc may furnish such information to any party to whom ISCO Machinery, Inc may refer my request for credit.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### TO BE COMPLETED BY REFERENCE ONLY

The above named company has requested to open a line of credit with ISCO Machinery, Inc. They have used your company as a reference. The following information will be reviewed for the sole purpose of establishing credit with ISCO Machinery, Inc. The information that is provided is strictly confidential and will not be shared with anyone other than the credit department at ISCO Machinery, Inc.

Date Account Was Opened: \_\_\_\_\_ Payment Terms: \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Date of Last Purchase: \_\_\_\_\_

**Payment History:** Please check the one that best describes the status of the account at present time

Within Terms	1-30 Days Past Due	31-60 Days Past Due	61-90 Days Past Due	90+ Days Past Due
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How would you rate this company's performance?

Excellent	Good	Satisfactory	Poor
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Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Name and Title (Please include for verification purposes)

\_\_\_\_\_  
Date

**ACCOUNT AGREEMENT AND TERMS**

The undersigned hereby acknowledges and agrees that this application is for a thirty (30) day account. All bills not paid on or before the 30<sup>th</sup> day after the invoice date will accrue interest charges at the rate of 1 ½% per month on the unpaid balance.

The undersigned agrees to pay any collection charges, including reasonable attorney's fees and court costs incurred in connection with collection of any past due amounts. It is further agreed that the undersigned hereby personally guarantees all obligations to ISCO Machinery, Inc.

A Damage Waiver of 10% is added to all rentals. The Damage Waiver is **not** insurance. It is designed to cover the repair and/or replacement of an item which is damaged due to circumstances beyond the control of the lessee. It does not cover misuse, abuse, tire repairs, window/mirror/glass repairs or accessories.

**The Damage Waiver is applied to all rentals unless a Certificate of Insurance is issued by your insurance company naming ISCO Machinery, Inc. as the *Loss Payee* and *Additionally Insured*. Coverage must be adequate to fully cover those items rented. This Certificate of Insurance must be in our possession *prior* to the rental.**

The undersigned hereby certifies that all statements contained in this application - and in any financial or other statement submitted in connection with the credit applied for - are true and complete, and are made for the purpose of inducing ISCO MACHINERY, INC. to extend credit to the undersigned.

I authorize you and all of your assignees to obtain such information as you may require concerning the statements contained in this application, and agree that the application shall remain your property, whether or not credit is granted. I agree to notify you of any material change in the condition of my affairs, and this statement shall be considered by you to be a continuing statement of financial condition of the undersigned until written notice to the contrary is received by you.

Signature	Title	Date
Signature	Title	Date