



Equipment Financing Application

LIFT-ALL Financing, Inc.

3020 Commercial Road, Fort Wayne, Indiana 46809

Phone: (260) 747-0526 / Fax: (260) 747-1724

E-Mail: sales@lift-all.net / Web Site: www.lift-all.net

Application Completed By: _____ Phone: (____) _____ Fax: (____) _____

Vendor (Supplier of Equipment): _____ Phone: (____) _____
Vendor Address: _____ Fax: (____) _____
City: _____ State: _____ Zip Code: _____ E-Mail: _____

Lessee (Borrower) Legal Name: _____ Phone: (____) _____
Street Address: _____ Fax: (____) _____
City: _____ State: _____ Zip Code: _____ E-Mail: _____
Billing Address: _____ Web Site: _____
City: _____ State: _____ Zip Code: _____
Equipment Location (City, State and County): _____

Organization Type: Corporation Partnership Sole Proprietorship Limited Liability Co. Tax ID No. _____

Equipment Information

New Equipment Purchase Used Equipment Purchase Growth Replacement Refinance

Equipment Description: _____
Type of Financing Desired: Loan Lease (\$1.00 Purchase) Lease (Fair Market Value) Equipment Price \$ _____
 Other; _____ Less Trade \$ _____
Lease/Loan Term: 36 48 60 72 84 Less Down Payment \$ _____
Finance Amount \$ _____

Lessee/Borrower Credit Information

Years in Business: _____ No. of Employees: _____ Annual Revenue: \$ _____ Backlog: \$ _____
Top Customers:
_____% of annual sales Customer Name: _____ City, State _____
_____% of annual sales Customer Name: _____ City, State _____
_____% of annual sales Customer Name: _____ City, State _____

Owner/Guarantor Legal Name: _____ Social Security No.: _____
Residence Address: _____ Residence Phone: (____) _____
City: _____ State: _____ Zip Code: _____ E-Mail: _____
Owner/Guarantor Legal Name: _____ Social Security No.: _____
Residence Address: _____ Residence Phone: (____) _____
City: _____ State: _____ Zip Code: _____ E-Mail: _____

References

Bank: _____ Contact: _____ Phone: (____) _____
Business and/or Personal Acct No.'s: _____

Finance Company: _____ Contact: _____ Phone: (____) _____
Account No.: _____ E-Mail: _____

Finance Company: _____ Contact: _____ Phone: (____) _____
Account No.: _____ E-Mail: _____

Comments: _____

Signatures - I certify that the information provided by me (the Applicant), in this application is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You and/or your assigns are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request.

Applicant's Signature: _____ Date: ____/____/____

Applicant's Signature: _____ Date: ____/____/____

Important: For all transaction over \$250,000.00, please attach FYE Financial Statements, which include Profit and Loss Statements, the last two years.