



316 W. Milwaukee
 P.O. Box 511
 New Hampton, IA 50659
 (641) 394-3166 1(800) 222-6047
 FAX (641) 394-4044

**FINANCE/LEASE
 APPLICATION**
 CONFIDENTIAL INFORMATION

APPLICANT DATA

COMPANY NAME		ADDRESS	
PERSON TO CONTACT		CITY/STATE	ZIP
TITLE	FEDERAL ID#	PHONE	FAX

COMPANY DATA

<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP			YEAR STARTED	YEAR INCORPORATED	
1. PRINCIPAL/OWNER NAME	TITLE		RESIDENCE ADDRESS		
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	CITY	STATE	ZIP
2. PRINCIPAL/OWNER NAME	TITLE		RESIDENCE ADDRESS		
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	CITY	STATE	ZIP
3. PRINCIPAL/OWNER NAME	TITLE		RESIDENCE ADDRESS		
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	CITY	STATE	ZIP

DESCRIPTION OF BUSINESS

BRIEF HISTORY OF COMPANY

TRADE REFERENCE DATA

1. TRADE REFERENCE NAME		ADDRESS		
CONTACT NAME	PHONE NUMBER	CITY	STATE	ZIP
2. TRADE REFERENCE NAME		ADDRESS		
CONTACT NAME	PHONE NUMBER	CITY	STATE	ZIP
3. TRADE REFERENCE NAME		ADDRESS		
CONTACT NAME	PHONE NUMBER	CITY	STATE	ZIP
4. TRADE REFERENCE NAME		ADDRESS		
CONTACT NAME	PHONE NUMBER	CITY	STATE	ZIP

FINANCE ACCOUNT DATA

INSTITUTION NAME LIST ALL USED IN LAST 3 YEARS	ACCOUNT NUMBER	CHECK ONE			OFFICER TO CONTACT	PHONE NUMBER
		CKG.	SAV.	LOAN		

CURRENT FLEET DATA

YEAR	MAKE	MODEL	WHERE FINANCES?	YEARS IN SERVICE

EQUIPMENT DATA

EQUIPMENT/VEHICLE TO BE FINANCED/LEASED			VENDOR	
YEAR	MAKE	MODEL	SERIAL NUMBER	COST
ESTIMATED DELIVERY DATE		VEHICLE(S) WILL BE [] REPLACEMENT [] ADDITION	EQUIPMENT/VEHICLE COST	

INSURANCE AGENT DATA

INSURANCE AGENT NAME	ADDRESS		
TELEPHONE NUMBER	CITY	STATE	ZIP

IS THE EQUIPMENT EXEMPT FROM SALES, USE OR RENTAL TAX? YES NO TAXED AT REDUCED RATE
 If "Yes" or "Taxed at a Reduced Rate," give reasons below and attach the proper exemption certificate: EXEMPTION SALES TAX NO. _____
 IS THE EQUIPMENT EXEMPT FROM PROPERTY TAX? YES NO
 If "Yes," give reasons for exemption below:

Note: If the equipment becomes so attached to real property that it will be included in Lessee's real estate tax assessment. Lessee must notify Lessor promptly and provide Lessor with proof of payment of the real estate tax each year. Otherwise, Lessor may be obligated to file a personal property tax return on the equipment.

VENDOR _____ Phone # _____

Address _____
Street City State Zip

Vendor Contact _____ Vendor Salesman _____

Tax Returns Attached Yes No

Business Balance Sheet & Profit & Loss Statements Attached Yes No

Cosigner Name _____

Address _____

Phone No. _____

Will Automatic Debit Be Made Yes No

Personal Balance Sheet Attached Yes No

BANK INFORMATION RELEASE

Bank _____ Attention _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____

Customer Name _____

Account Number(s) _____

ZIP'S TRUCK EQUIPMENT, INC. will be requesting information by telephone on all accounts maintained at your bank. Please accept this releases as authorization to provide the requested information.

X _____ (Customer Authorization Signature) Date _____

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATON GIVEN FOR CREDIT PURPOSES IS TRUE AND CORRECT AND AUTHORIZES THE FIRM OR PERSON TO WHOM THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY TO INVESTIGATE THE REFERENCES, STATEMENTS OR OTHER DATA LISTED OR ACCOMPANYING THIS APPLICATION. THE UNDERSIGNED AUTHORIZES ALL PARITES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION.

SIGNATURE	TITLE	DATE
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