



APPLICATION FOR CREDIT
E-mail credit application to:
creditapplications@skyjack.com

Business Information	Full Legal Name						Requested Credit					
	DBA Name (If Applicable)						\$					
	Business Address		City	State	Zip Code	Phone Number		Entity Type Corporation Limited Liability Company Manager-Managed Member-Managed General Partnership Limited Partnership, LLP, LLLP Individual/Sole Proprietorship				
	Mailing Address		City	State	Zip Code	Fax Number						
	Federal Tax ID Number		Contact Name, Title		Date Business Started							
E-mail Address		Additional Location Address (Attach if additional space necessary)										
UBO Information	Beneficial owners are: 1. An individual, if any, who owns, directly or indirectly, more than 25 percent of the equity interests of the legal entity customer (e.g., each natural person that owns more than 25 percent of the shares of a corporation); or 2. If ultimate beneficial owner cannot be determined based on ownership, please provide the name of the natural person with effective control (day to day decision making). 3. If neither 1 or 2 apply, please provide the names of the Board of Directors (BODs), Executive Management. If more room is required, please provide information on the back of the form or a separate sheet.											
	First Name		Middle Initial		Last Name							
	Country of Residence		DOB		Title / Positions							
	Ownership Type (Select One): 1. Ownership, voting rights or shares > 25% Ownership % 2. Person who exercises effective control 3. BODs, Executive Management											
Bank Reference	Bank Name			Financing Source Reference	Finance Source Name							
	Bank Branch Address				Finance Source Address		City		Zip Code			
	Name of Officer/Contact		Email Address		Name of Officer/Contact		Email Address					
	Checking Account Number		Loan Account Number		Bank Finance		Credit Line					
Principal Information	Individual or Principal Name (1)		Title		% of Ownership		Individual or Principal Name (2)		Title		% of Ownership	
	SSN /Federal Tax ID Number		Email Address		Phone Number		SSN /Federal Tax ID Number		Email Address		Phone Number	
	Address		City	State	Zip Code	Address		City	State	Zip Code		
	Individual or Principal Name (3)		Title		% of Ownership		Individual or Principal Name (4)		Title		% of Ownership	
	SSN /Federal Tax ID Number		Email Address		Phone Number		SSN /Federal Tax ID Number		Email Address		Phone Number	
	Address		City	State	Zip Code	Address		City	State	Zip Code		
ECO / Authorization	<p>You the "Applicant" (which term includes the above business entity as well as the undersigned individuals(s)), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. Skyjack Equipment Services, Inc. d/b/a Skyjack Financial Services, Skyjack, Inc. ("Skyjack"), its affiliates and/or its assigns and/or its designees, ("CREDITOR"), which may include one or more independent third party financing providers to whom Skyjack may refer this application on Applicant's behalf (together with any affiliates and assigns, "CREDITOR", is authorized to obtain information from others concerning Applicant's credit and trade standing and other relevant information, including but not limited to information concerning the personal credit and financial responsibility of the undersigned individuals, impacting this Application for Credit ("Application") and provide to others information about its transaction and experiences with Applicant. CREDITOR may obtain credit reports, including consumer credit reports, on Applicant or otherwise in connection with the Application, and at Applicant's request, will tell Applicant whether a credit report was obtained and if so, the name and address of the reporting agency which provided it. Provided credit is granted, CREDITOR may, without further notice to Applicant, use or request subsequent credit bureau reports (1) to update CREDITOR's information, (2) in connection with a review of the account, collections, a renewal, or extension while any credit granted as a result of this Application remains unpaid, and/or (3) in connection with Applicant's request(s) to CREDITOR for additional credit in the future in connection with Applicant seeking to acquire additional equipment from or through Skyjack or its dealer within three (3) years after the date of this Application. Applicant agrees that CREDITOR may get or share credit information with its agents, assignees and its designees regarding the Applicant in considering the Applicant's Application. Except as otherwise prohibited by law, Applicant agrees and consents that CREDITOR may share with affiliates and others all information about Applicant that CREDITOR has or may obtain for among other things, the purpose of evaluating credit applications or offering Applicant products or services that CREDITOR believes may be of interest to Applicant. Applicant represents that it has reviewed this document and the information herein is true, correct, and complete.</p> <p>THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION CONTACT CREDITOR'S ECOA ADMINISTRATOR BY WRITING TO THE ADDRESS: 2525 ENTERPRISE CIRCLE, STE 1 WEST CHICAGO, IL 60185 WITHIN SIXTY (60) DAYS OF RECEIPT OF AN ADVERSE ACTION NOTIFICATION. WHEN CONTACTING SKYJACK CONCERNING AN ADVERSE ACTION, PLEASE BE SURE TO REFERENCE THE APPLICATION NUMBER ON THE NOTIFICATION LETTER. SKYJACK WILL ARRANGE FOR THE APPLICABLE CREDITOR TO PROVIDE APPLICANT WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER SKYJACK HAS RECEIVED APPLICANT'S REQUEST.</p> <p>NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATION AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCIES THAT ADMINISTER COMPLIANCE WITH THE LAW CONCERNING CREDITOR ARE THE BUREAU OF CONSUMER FINANCIAL PROTECTION, 1700 G STREET NW, WASHINGTON D.C. 20006 AND THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580.</p> <p>APPLICANT HEREBY AUTHORIZES CREDITOR OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY CREDITOR TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM APPLICANT OR FROM ANY OTHER PERSON PERTAINING TO APPLICANT'S CREDIT AND FINANCIAL RESPONSIBILITY.</p> <p>THE APPLICANT AUTHORIZES CREDITOR TO PREPARE AND FILE AGAINST APPLICANT ONE OR MORE FINANCING STATEMENTS IN FORM AND SUBSTANCE ACCEPTABLE TO CREDITOR SUFFICIENT TO PERFECT A SECURITY INTEREST IN COLLATERAL ARISING IN CONNECTION WITH FINANCING APPLIED FOR HEREIN TO BE EXTENDED BY CREDITOR IN EVENT CREDITOR APPROVES THIS APPLICATION.</p> <p>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: 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 for 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 or other identifying documents.</p>											

Each of the undersigned is applying for joint credit. Each of the above Principals must sign below.

Signature of Applicant's Representative	Title	Date
Signature of Principle (1)	Title	Date
Signature of Principle (2)	Title	Date
Signature of Principle (3)	Title	Date
Signature of Principle (4)	Title	Date