



APPLICATION FOR CREDIT
E-mail credit application to: creditapplications@skyjack.com
FAX: 517-579-2550



BUSINESS INFORMATION	Full Legal Name					Requested Credit \$	
	DBA Name (If Applicable)						
	Business Address		City	State	Zip Code	Phone Number	
	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)				

Entity Type
 Corporation
 Limited Liability Company
 Manager-Managed
 Member-Managed
 General Partnership
 Limited Partnership, LLP, LLLP
 Individual / Sole Proprietorship

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 form 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) <input type="checkbox"/> 1. Ownership, voting rights or shares > 25% Ownership % <input type="checkbox"/> 2. Person who exercises effective control <input type="checkbox"/> 3. BODs, Executive Management						

BANK REFERENCE	Business Bank Name / Branch		Phone Number		FINANCING SOURCE REFERENCE		Finance Source Company Name		Phone Number	
	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	

ECOA / AUTHORIZATION	<p>You, the "Applicant" (which term includes the above business entity as well as the undersigned individual(s)), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. De Lage Landen Financial Services, Inc. and/or its assigns ("DLL"), or its designees, is authorized to obtain information from others concerning Applicant's credit and trade standing and other relevant information impacting this Application for Credit ("Application") and provide to others information about its transaction and experiences with Applicant. DLL 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, DLL may, without further notice to Applicant, use or request subsequent credit bureau reports (1) to update DLL'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 for additional credit within a 3 year period from the date of this Application. Applicant agrees that DLL 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 DLL may share with affiliates and others all information about Applicant that DLL has or may obtain for, among other things, the purpose of evaluating credit applications or offering Applicant products or services that DLL 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 DLL'S ECOA ADMINISTRATOR BY WRITING TO THE ADDRESS: 1111 OLD EAGLE SCHOOL RD, WAYNE, PA 19087 OR CALLING 601-386-3418 WITHIN SIXTY (60) DAYS OF RECEIPT OF AN ADVERSE ACTION NOTIFICATION. WHEN CONTACTING THE ECOA ADMINISTRATOR, PLEASE BE SURE TO REFERENCE THE APPLICATION NUMBER ON THE NOTIFICATION LETTER. DLL WILL PROVIDE APPLICANT WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER DLL 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'S 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 DLL 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 DLL OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY DLL 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 DLL TO PREPARE AND FILE AGAINST APPLICANT ONE OR MORE FINANCING STATEMENTS IN FORM AND SUBSTANCE ACCEPTABLE TO DLL SUFFICIENT TO PERFECT A SECURITY INTEREST IN COLLATERAL ARISING IN CONNECTION WITH FINANCING APPLIED FOR HEREIN TO BE EXTENDED BY DLL IN EVENT DLL 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> <p>Each of the undersigned is applying for joint credit. Each of the above Principals must sign below.</p>												
	SIGNATURE OF APPLICANT'S REPRESENTATIVE _____			TITLE _____			DATE _____						
	SIGNATURE OF PRINCIPAL (1) _____			PRINT NAME _____			DATE _____						
	SIGNATURE OF PRINCIPAL (2) _____			PRINT NAME _____			DATE _____						
	SIGNATURE OF PRINCIPAL (3) _____			PRINT NAME _____			DATE _____						
	SIGNATURE OF PRINCIPAL (4) _____			PRINT NAME _____			DATE _____						