



General **Credit Application**

Fax to: (800) 215-6799 or

E-mail to:

PO Box 640 - 503 Highway 2 W Devils Lake ND 58301

(800) 451-7087				* Deno	tes Required Fi	eld		d	ppii	cations@	west	emequ	ipme	entrinance.com		
Business Info	rmation															
Complete Legal N		Business Structure (p			re (plea											
									Sole Proprietor No DBA			DBA [-			
									☐ S	ole Propriet	or w/ D	BA [Noi	n-Profit		
Doing Business As	(DRA) Name (if annlicah	le)						☐ P	artnership		["S"	Corporation		
Doing business 713	(DDA) Name (паррпсав	ic)							imited Partr	nership	["C"	Corporation		
									П	LC	·	Γ	Oth	ner:		
Type of Business*		Business S	tart Date*	Da	ite of Current Own	ership*	Is your	r business ı	evenu	ie less than	\$50 Mil	lion?	Fede	eral Tax ID #		
**									Yes	☐ No						
Billing Address*					City*			State*			Zip Co	de*	Cou	nty or Parish*		
Equipment Address (if different than above)					City				Zip Co			ode County o		nty or Parish		
Contact				E-Mail					WEF Customer Nu			mbor (if s	customor)			
Contact				E-IVIAII						WLF Customer Nur			iniber (ii current customer)			
Phone Number*				Cell Nur	mber*					Fax Number						
1st Principal (Owner's Inf	ormatio	n - All field	ls requi	red for all busin	ness st	ructure	es except	Mur	nicipal and	d Non	-Profit				
First Name			Middle Initial		Last Name				Suffix	k (i.e. Jr, Sr, II	, III)	% Owned	t			
Social Security #			Date of Birth				Title						umber			
Address					City					State				Zip Code		
Address					City					State				Zip code		
2nd Principal	Owner's In	formati	on - All fiel	ds requ	ired for all bus	iness s	tructur	es excep	t Mu	nicipal ar	id No	n-Profit				
First Name			Middle Initial		Last Name			· · ·		k (i.e. Jr, Sr, II		% Owned	d			
						_										
Social Security #			Date of Birth				Title					Phone N	umber			
A d due se					C:t.					Canan				7:n Cada		
Address					City					State				Zip Code		
Bank Referen	ce															
Bank Name						City						S	tate			
Contact					Phone Number											
Equipment In	formation						1									
Vendor Name			Contact				Phone Number						Requested Term (in months)			
Type of Equipmen	t (Plassa ha se	cnocific a	nossible or ir	acludo a	copy of the guete	or invoic	-0)*									
	lake	Mod			Description		invoice)							ditional Equipment		
Tear Make			<i>a</i> c i	Cocii	ption						New ☐ Additional Equipment☐ Used ☐ Replacement Equipment					
			4 - £ Tu- J- 1:-*		Amount Owed	Tu- d	- I*	Cash Dav	own Payment*							
Equipment Cost*		Amoun	t of Trade-In*		Amount Owed	on made	2-111"	Cash Dow	пРау	ment"		Amount	OI FIIId	ncing Needed*		
Insurance Cor	nnany (that	will insure	ahove equip	ment) - II	NSURANCE IS REC	UIRED	ONALL	FOUIPMEN	IT FIN	ANCED						
Agent Name	inpun) (that	- Tim Histine	above equipi	merre, II	TOOM THEE IS ILE	_	pany Na			ANTELD						
							Sompany Harris									
Phone Number					Policy Number											
Terms & Cond																
														ance, Inc. (Western) to		
														itial application for		
acts or omissions t					ient. T (we) agree i	o reieas	e and wa	aive ali Ciai	nis ag	airist westei	II allu	mose rere	rences	listed above for all		
					the funding of terr	orism ar	nd mone	y launderir	ng acti	vities, Feder	al Law	requires a	ıll finar	ncial institutions to		
Customer Identification Program: 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 to you: when you open an account, we will ask for your name,																
address, date of bi	irth and other	informatio	n that will allo	w us to i	dentify you. We m	ay also	ask to se	e your driv	er's lic	ense and ot	her ide	ntifying d	ocume	ents.		
Signature								Tit	le					Date		

Title

Date