

# Scotchman

## SCOTCHMAN EQUIPMENT LEASING APPLICATION

Please send completed application to: Scotchman Industries, Inc., P.O. Box 850,  
Philip, South Dakota 57567 or FAX (800) 843-5545

### LESSEE INFORMATION

COMPANY NAME (FULL LEGAL NAME) \_\_\_\_\_  
DBA NAME \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ COUNTY \_\_\_\_\_  
CHECK ONE:  PROPRIETORSHIP  PARTNERSHIP  CORPORATION  LLC  OTHER  
STATE OF ORGANIZATION \_\_\_\_\_ STATE I.D.# \_\_\_\_\_ FEDERAL I.D.# \_\_\_\_\_

### DEALER INFORMATION

DEALER NAME \_\_\_\_\_ SALESMAN \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

### EQUIPMENT INFORMATION

TERMS OF LEASE: # OF YEARS \_\_\_\_\_ MULTIPLIER \_\_\_\_\_ SALES TAX% \_\_\_\_\_  
EQUIPMENT LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_

QUANTITY	DESCRIPTION (MAKE, MODEL, ATTACHMENTS)	UNIT COST
_____	_____	_____
_____	_____	_____
_____	_____	_____

### PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_  
ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_  
ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

### TRADE/CREDIT REFERENCES (Minimum Two Year History)

STEEL SUPPLIER \_\_\_\_\_ PHONE NO. \_\_\_\_\_ CONTACT \_\_\_\_\_  
SUPPLIER NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ CONTACT \_\_\_\_\_  
SUPPLIER NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ CONTACT \_\_\_\_\_

### BANK REFERENCE (Minimum Two Year History)

BANK NAME \_\_\_\_\_ CITY/STATE \_\_\_\_\_ CONTACT \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ CHECKING ACC'T NO. \_\_\_\_\_

### AUTHORIZATION TO RELEASE CREDIT INFORMATION

We hereby authorize Scotchman Industries, or any lending institution working on Scotchman's behalf, to investigate my/our financial responsibility and credit worthiness. This is my/our authorization for the herein references to release any information requested as part of Scotchman's normal credit procedures.

AUTHORIZED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

COMPANY NAME \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_  
AUTHORIZED CO-SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_