



Credit Application

Business Name			
Db a or T/A Name			
Address			
City, State, Zip			
Years at address			
Type of Business		Business Started (Mo./Yr.)	
State	Phone #	Fax #	
Business Banking References		Account Number	Telephone
	Checking		
	Savings		
	Loans/Leases		
Trade References/ Suppliers	Account Number		Telephone
Insurance Agency			.
Equipment Description		Equipment Cost	
Supplier/Vendor		Vendor Telephone & Contact	

Name: Title:	Name: Title:
Address:	Address:
City: State: Zip:	City: State: Zip:
Home Telephone ()	Home Telephone ()
SSN# :	SSN# :

The following information must be completed in full, and will be held in the strictest confidence.
I authorize the release of all credit information requested by Midwest Equipment Sales Inc.

Signature: _____ Title: _____

Print Full Name _____ Date: _____

4377 N.-1200 E.
Grovertown In. 46531
Telephone 574-936-1400
Fax 574-936-1405