



Application for Credit

***** ALL REFERENCES ARE OBTAINED BY FAX or VALID EMAIL ADDRESS *****

** IF FAX #'S AND/OR VALID EMAIL ARE NOT INCLUDED, YOUR CREDIT APPLICATION WILL NOT BE PROCESSED **

Business Information			
Business Name/Lessee		Authorized Purchase Agent	
		Telephone ()	
Address (Street)		Purchase Agent'S EMAIL:	
		(City)	(State)
		(Zip Code)	
Type of Business (Circle all that apply) Proprietorship Partnership Corporation Wholesale Retail Distributor Dealer			Fax ()
Location of Equipment (Street)		(City)	(State)
		(Zip Code)	
Ownership Information			
Principal's Name		Title	
		Telephone ()	
Home Address (Street)		(City)	(State)
		(Zip Code)	
Principal's Name		Title	
		Telephone ()	
Home Address (Street)		(City)	(State)
		(Zip Code)	
Banking Information *** Fax #'s / EMAIL Required			
Bank		Address (Street)	
		(City)	(State)
Contact		Telephone ()	
		Fax ()	
Contact EMAIL:		Account Name	
Checking Account No.		Savings Account No.	
		Loan No.	
Trade References *** Fax #'s / EMAIL Required			
Company Name		Contact	
		Title	
Contact EMAIL:		Address	
		Telephone ()	
		Fax ()	
Company Name		Contact	
		Title	
Contact EMAIL:		Address	
		Telephone ()	
		Fax ()	
Company Name		Contact	
		Title	
Contact EMAIL:		Address	
		Telephone ()	
		Fax ()	
I hereby authorize the release of credit & financial information to company & its assignees.			
Signature		Print Name	
		Title	
		Date	
SEND COMPLETED FORM VIA FAX TO (877) 792-5193 OR EMAIL: CUSTOMERSERVICE@IDVSYS.COM			