

# Credit Application

Mid Illinois Equipment Sales, Inc.  
401 Highway View Ave  
Montrose, IL 62445  
217-924-4104

Please Complete All Areas

Fax to: (217) 924-4105 or Email to: christi@midilequipment.com

Date: \_\_\_\_\_ Customer Name: \_\_\_\_\_

Driver's License # and State of Issuance \_\_\_\_\_

D/B/A trade name: \_\_\_\_\_ Telephone: ( ) - Cell: ( )

Social Security #: \_\_\_\_\_ FEIN# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Business Type:  Sole Proprietor  Partnership  LLC  Corporation - Date of Incorp. & State \_\_\_\_\_

Business Address: \_\_\_\_\_ How Long: \_\_\_\_\_

Home Address: \_\_\_\_\_ How Long: \_\_\_\_\_

Own Home \_\_\_ Rent Home \_\_\_ Current Fleet Size: Tractors/Trucks #: \_\_\_\_\_ Trailers #: \_\_\_\_\_ Owner/Operator Years: \_\_\_ Months \_\_\_\_\_

### Reference:

Hauling/Work Reference: \_\_\_\_\_ How Long: \_\_\_\_\_

Contact \_\_\_\_\_ Phone #: ( ) - \_\_\_\_\_

Hauling/Work Reference: \_\_\_\_\_ How Long: \_\_\_\_\_

Contact \_\_\_\_\_ Phone #: ( ) - \_\_\_\_\_

Hauling/Work Reference: \_\_\_\_\_ How Long: \_\_\_\_\_

Contact \_\_\_\_\_ Phone #: ( ) - \_\_\_\_\_

### Equipment Finance References:

Finance Company: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Finance Company: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Finance Company: \_\_\_\_\_ Phone #: ( ) - \_\_\_\_\_

### References:

Bank #1: \_\_\_\_\_

Bank Officer Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Type of Account: \_\_\_\_\_ Loan #: \_\_\_\_\_

Checking Acct. #: \_\_\_\_\_

Savings Acct. #: \_\_\_\_\_

Bank #2: \_\_\_\_\_

Bank Officer Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Type of Account: \_\_\_\_\_ Loan #: \_\_\_\_\_

Checking Acct. #: \_\_\_\_\_

Savings Acct. #: \_\_\_\_\_

Have You Ever Taken Bankruptcy?  No  Yes – Explain

Below - Other Information

Are You a Defendant in any Legal Action?  No  Yes – Explain

Below - Other Information

Have You Ever Had Any Item Repossessed?  No  Yes – Explain

Below - Other Information

Other Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW Equip Description:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model #: \_\_\_\_\_ Qty: \_\_\_\_\_

Engine & HP \_\_\_\_\_ Trans Spd \_\_\_\_\_ Sleeper Size \_\_\_\_\_ Miles \_\_\_\_\_

Describe Components or Options (or attached spec sheet): \_\_\_\_\_

**Trade-in:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model #: \_\_\_\_\_ Value of Trade: \$ \_\_\_\_\_

Payoff Amount \$ \_\_\_\_\_ Leinholder \_\_\_\_\_ Act# \_\_\_\_\_ Phone \_\_\_\_\_

**NEW Loan Terms**

**Purpose of Loan:**

- New Purchase
- Replacement Unit(s)
- Other: \_\_\_\_\_
- Used
- Residual Rewrite

Term of Loan Requested: \_\_\_\_\_ Months

Special Request: \_\_\_\_\_

**Sales Information:**

Selling Price: \$ \_\_\_\_\_  
Cash Down Payment: \$ \_\_\_\_\_  
Less Trade-in Allowance: \$ \_\_\_\_\_  
Plus Trade-in Payoff: \$ \_\_\_\_\_  
Taxes / Misc.: \$ \_\_\_\_\_  
Balance to Finance: \$ \_\_\_\_\_

**At time of Documentation will need to provide:**

Nearest Relative (Not Living w/you): \_\_\_\_\_ Phone # \_\_\_\_\_

Address/City/St Zip: \_\_\_\_\_

Nearest Relative (Not Living w/you): \_\_\_\_\_ Phone # \_\_\_\_\_

Address/City/St Zip: \_\_\_\_\_

**Copy of Current and Valid Driver's License as well as Proof of Insurance will also be needed.**

The information given above is true and complete Mid Illinois Equipment Sales, Inc. may receive from and disclose to other persons, including credit-reporting agencies, information about the applicant's account and credit experience. Applicant authorizes any person to release to Mid Illinois Equipment Sales, Inc. credit experience and account information on Applicant. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on Applicant made by Mid Illinois Equipment Sales, Inc. or any person requested to release such information to Mid Illinois Equipment Sales, Inc.

\_\_\_\_\_  
Applicants Signature and Title Date

\_\_\_\_\_  
Co-Applicants Signature and Title Date