



# Credit

Fax Apps to: (800) 288-4959  
Email Apps:

**Customer's Business Information: (exact legal name required)**

Legal Business Name:			Business Telephone #:		
Business Address:		City:	State:	Zip Code:	
Bill To Address: (Leave Blank If Same As Above)		City:	State:	Zip Code:	
Ship to Address: (Leave Blank If Same As Above)		City:	State:	Zip Code:	
Structure of Business: <input type="checkbox"/> Corporation (State of: _____) <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC (State of: _____) <input type="checkbox"/> Government					Years in Business Under Current Ownership:
Contact Name:			Title/Position:		
Contact Telephone #:		Cell Phone/Alt. Phone:	Email Address:		
Nature of Business:		Fed. ID.#:	Fax Number:		

**Customer's Personal Information: (exact legal name required)**

1.Owner's Legal Name:		Home Address:		City:	
State:		Zip:	Social Security #		% Ownership:
2.Owner's Legal Name:		Home Address:		City:	
State:		Zip:	Social Security #		% Ownership:

**Equipment:**

Equipment Description:					
Product Division: <input type="checkbox"/> Carlson Software		*Please provide an equipment quote or invoice (if applicable) with signed credit application			
*If you are sales/use tax exempt, please include your tax exemption certificate with the signed credit application.					
*Total equipment cost over \$100,000 requires last two years of business financial statements and current interim statement					

**Finance Program:**

Program:	Term:	Advance Payment	Rate/Factor:	Equipment Cost:	Purchase Option: <input type="checkbox"/> EFA - Equipment Finance Agreement
----------	-------	-----------------	--------------	-----------------	--

**Vendor Contact Information: (For Multiple Vendor Deals) Please Provide (All) Equipment Quotes With Signed Application**

Vendor Business Name: Carlson Survey Supply		Web. Address:		Vendor Telephone: 203-709-0070	
Vendor Address: PO Box 52		City: Marion	State: CT	Zip Code: 06444	
Sales Rep. Name: Michael Jiantonio		Sales Rep. Telephone: 203-709-0070		Sales Rep. E-mail Address or Fax: sales@CarlsonSurveySupply.com	

**Financing Administered by First Western Equipment Finance:**

Jay Hagen  
Business Development Manager  
First Western Equipment Finance  
Tel: (866) 603-9247  
jay.hagen@firstwesternef.com

Melissa LeucaFiranek  
Senior Account Manager  
First Western Equipment Finance  
Tel: (888) 705-0567  
melissa.leucafiranek@firstwesternef.com

**Authorization & Owner(s) Signature(s):**

I (we) authorize First Western Equipment Finance to review my credit to qualify for the financing requested in this application against any credit reporting bureau/agency; review any and all information or references disclosed in this application; information will remain confidential and will not be disclosed to any third party outside of credit reporting agencies. I (we) certify that the above information is complete and correct and the equipment is being acquired for commercial and not consumer use.

Signed By: X \_\_\_\_\_ Date: \_\_\_\_\_

Signed By: X \_\_\_\_\_ Date: \_\_\_\_\_