

1755 24th St SW • PO Box 807 • Le Mars, IA 51031 Toll Free: (800) 383-5678 • Local: (712) 546-5133 • Fax: (712) 546-4067

CREDIT APPLICATION

VENDOR NAME:				
EQUIPMENT DESCRIPTION:	EQUIP	MENT COST:		PAYMENT AMOUNT:
TERM:	FACTOR USE	ED:		
CONTACT PERSON:	PHONE#:			SECURITY DEPOSIT:
BUSINESS NAME:	PHONE#:			FAX#:
FULL ADDRESS:				
EQUIPMENT LOCATION (IF DIFFERE	,			
CORPORATION: PARTNERSHIP:	SOLE PROPRIETORSHIP: (FED ID#	IN BUSINESS SINCE:
EMAIL ADDRESS:				
BANK REFERENCE (2 YEAR HISTORY	′):			ACCOUNT#:
FULL ADDRESS:				
				OTHER ACCOUNTS:
				ACCOUNT#:
FULL ADDRESS:OFFICER TO CONTACT:				_OTHER ACCOUNTS:
TRADE REFERENCES (OMIT CREDIT (-		_	OMIT CREDIT CARD ACCOUNTS)
ADDRESS:				
PHONE:CONT	ACT:	PHONE:		CONTACT:
PERSONAL DATA (PRINCIPALS OR	OFFICERS)	PERSON	AL DATA (PR	NCIPALS OR OFFICERS)
	,			
NAME:		NAME:_		
NAME:		ADDRES	S:	
NAME:ADDRESS:SOCIAL SECURITY #:	DOB: ATION IK DISTRIBUTING AND IT'S AS INSTRUCTS ANY PERSON, COMPORMATION IT MAY HAVE MENTS ARE TRUE AND COMPOCEDURES FOR OPENING A FUNDING OF TERRORISM A AND RECORD INFORMATINN A ACCOUNT, WE WILL ASK	ADDRES SOCIAL SSIGNS TO OBTO DISUMER REPORT IN RESPONSE TO APLETE AND AR NEW ACCOUNT AND MONEY LA I THAT IDENTIFIT FOR YOUR NA	S:SECURITY #: FAIN BUSINESS ORTING AGEN TO AN INQUIR RE MADE TO TI NT AUNDERING A ES EACH PERS LME, ADDRESS	AS WELL AS PERSONAL CREDIT INFORMATION CY OR BANKING INSTITIUTION TO COMPILE Y FROM THE LESSOR. UNDERSIGNED FURTHER HE LESSOR TO OBTAIN A CONTRACT. CTIVITIES, FEDERAL LAW REQUIRES ALL FINAN ON WHO OPENS AN ACCOUNT.WHAT THIS , DATE OF BIRTH, AND OTHER INFORMATION

Email us at info@mccdist.com
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