APPLICATION

BOYD EQUIPMENT

TYPE REQUESTED:

(FAX) 520-792-3755

_Date: _____

on business income or assets credit		as well as income or assets from other sources			we intend to apply for joint	
BUSINESS INFORMATION Company:						_ Federal ID #:
Physical Address :	street	city	state		zip	Phone:
Billing Address		-			- 1	_ Fax:
	street	city	state	2	zip	
				•	•	Email:
Type: ☐ Sole Proprieto	orship □LLC □Partners	ship 🗖 (Corporation Othe	r:		_ Annual Sales: \$
PERSONAL INFOR	MATION if more than	2 owne	rs, include their inf	Formation on	a separate si	heet
Owner 1 (first, MI, last	:):					S.S. #:
Home Address :						Date of Birth:
Dhanai	street	city			zip	US Citizan? D Vas D No
						_ US Citizen? □ Yes □ No
						_ S.S. #:
Home Address :	street	city			 zip	_ Date of Birth:
Phone:			Cell:			_ US Citizen? □ Yes □ No
BANK REFERENCE	S Primary Bank:					Contact:
Phone:			City/State:			_ Name on Acct:
Acct #(s):						
TRADE REFERENC	ES					
Name 1:			City/State:			Phone:
Name 2:			City/State:			Phone:
<i>Name</i> 3:			City/State: Phone:			
EQUIPMENT □ New	Used Description (y	ear, ma	ke model):			
Cost (w/o tax): \$	Term: _		Purchase Option:			Advance Pmts:
-	□ No Additional? □					
TERMS: Agreement	is subject to Specifi	c terms	and Conditions	outlined on	a separate	sheet "RENT TO OWN" Terms &
Conditions.	J				•	
authorization to provi		ation. I	Boyd Equipment an			d at your bank. Please accept this release as s the right to pull a credit
Signature:						