



Fax Completed Finance Application to:
(800) 268-1591
 Questions? Please Call (800) 266-3255

Dealer:	Location (City/State):
Contact:	T#:
	F#:

Please complete in its entirety. *Italicized sections are required for credit review.*

BUSINESS AND OWNERSHIP INFORMATION

Customer Legal Name *DBA*

Proprietorship Corp. Sub S L.L.C. Partnership Other _____ Tax Exempt Number _____ (Attach copy of certificate)

State-issued Organization# (not tax id#) *State of Organization or State of Legal Residence for Individuals*

Federal Tax ID No. (if any) Type of Bus. Yrs in Bus. Yrs. Under Current Ownership Email Address

Primary Legal/CEO Address: Street City County State Zip

Physical Equipment Location: Street City County State Zip

Billing Address (if different than above): Street City County State Zip

Phone # Fax # Mobile Phone # Contact Name

Owner/Guarantor Name Title Social Security# Date of Birth Ownership %

Home Address City County State Zip Home Phone#

Owner/Guarantor Name Title Social Security# Date of Birth Ownership %

Home Address City County State Zip Home Phone#

SECURED LOAN OR LEASE REFERENCES

Bank / Finance Company City & State Telephone # Contact Account #

Bank / Finance Company City & State Telephone # Contact Account #

ECOA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT). If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Credit Manager, Ditch Witch Financial Services, 475 Sansome Street, 19th Floor, San Francisco, California 94111, (800) 266-3255 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is the Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.

I understand this equipment application may be approved based on my business and personal credit. I authorize Ditch Witch Financial Services and its assignees, transferees and agents, including The Charles Machine Works, Inc. dba Ditch Witch, to check references, bank accounts and credit information. NOTE: Financial statements or tax returns may be required. A minimum of three (3) years in business is required for all applicants (a copy of a business license may be required if less than 5 years in business).

Applicant Signature _____ Title _____ Date _____

Guarantor Signature _____ Title* _____ Date _____

Guarantor Signature _____ Title* _____ Date _____

** If corporate guarantor, authorized officer must sign and show corporate title. If partnership guarantor, a general partner must sign and show "Partner" on Title line. If individual guarantor, show "Individual" on the Title line.*

EQUIPMENT INFORMATION / TERMS OF FINANCING

Qty N/U Year Manufacturer/ Model Serial # Price Residual Payment Maintenance

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Other Detail: Attachments, etc.:

Trade Detail: Qty: Year Manufacturer Model Dealer Allowance Lienholder Payoff

Please select one:

LOAN LEASE

PLEASE NOTE SPECIFIC FINANCE PROGRAM OR TYPE OF LOAN OR LEASE REQUESTED AND ANY OTHER DETAILS:

Terms:

of Months: _____

of Advance Pmts: _____

Circle Skip Months (if applicable):

J F M A M J J A S O N D

Other:

Total Sales Price \$ _____

Net Trade - _____

Rental Credit - _____

Down Payment - _____

Taxes + _____

Doc Fee/Other Fees + _____

Other/Insurance + _____

Total Finance Amount \$ _____