



AERIAL LIFTS • LULLS • FORK LIFTS
RENTALS • SALES • SERVICE



CREDIT APPLICATION

Wellbuilt Equipment Inc.
25210 South State Street
Crete, IL 60417
Toll Free: 800-833-3748
Fax: 708-279-7580

Please provide as much information as possible.
All information will remain confidential.

Applicant/Company	Legal or Corporate Name		Name of Parent Company (If Any)		Physical Address		Physical City / State / Zip	
	Federal Tax ID		Years in Business		# of Employees		Billing and Payment Address	
	State of Incorporation		<input type="checkbox"/> C-Corp		<input type="checkbox"/> Proprietorship		Billing and Payment City / State / Zip	
	Exempt from State Sales Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> S-Corp		<input type="checkbox"/> Partnership		Primary Telephone Number	
		<input type="checkbox"/> Limited Liability		<input type="checkbox"/> Non-Profit		Facsimile Number		

Ownership	Name of Principal 1			Current Address 1			Name of Principal 2			Current Address 2				
	Social Security Number			Years at Address			Percent Ownership			Social Security Number				
										Years at Address				
										Percent Ownership				
Name of Principal 3			Current Address 3			Name of Principal 4			Current Address 4					
Social Security Number			Years at Address			Percent Ownership			Social Security Number			Years at Address		
												Percent Ownership		

Accounting / Ordering	Accounts Payable Contact		Accounts Payable Email		Order / Confirmation Contact		Order / Confirmation Email	
	Accounts Payable Telephone Number		Accounts Payable Facsimile Number		Order / Confirmation Phone Number		Order / Confirmation Facsimile Number	
	Do you Require PO's or Job #'s? <input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred Method of Contact <input type="checkbox"/> Phone <input type="checkbox"/> Email		Please provide a sample PO # below		Please provide a sample Job # below	

Please provide at least three commercial references, references from equipment rental companies will not be accepted.

Commercial References	Name of Commercial Reference 1			Reference Address 1			Name of Commercial Reference 2			Reference Address 2		
	Telephone Number			Facsimile Number			Telephone Number			Facsimile Number		
				Contact Name						Contact Name		
Name of Commercial Reference 3			Reference Address 3			Name of Commercial Reference 4			Reference Address 4			
Telephone Number			Facsimile Number			Telephone Number			Facsimile Number			
			Contact Name						Contact Name			



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cont.

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Crete, IL 60417
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Bank References	Bank Name		Name of Branch		Branch Address		Branch City / State / Zip	
	Contact Telephone Number		Contact Facsimile Number		Contact Name		Billing and Payment Address	
	Loan Officer		Type of Account		Billing and Payment Address		Billing and Payment City / State / Zip	
	Account Number		<input type="checkbox"/> Checking <input type="checkbox"/> Commercial <input type="checkbox"/> Savings <input type="checkbox"/> Lending <input type="checkbox"/> Other		Primary Telephone Number		Facsimile Number	

I/We the undersigned, hereby certify that everything stated on this application is true to the best of my/our knowledge.
I/We understand that Wellbuilt Equipment Inc. and/or any of its affiliates will retain this application whether or not it is approved.

Wellbuilt Equipment Inc. and/or any of its affiliates is authorized to check my/our credit history as required to answer any questions regarding the information submitted on this application. I/We authorize each banking and business reference listed herein to provide Wellbuilt Equipment Inc. and/or any of its affiliates with any information needed about me/us to verify statements made in this application.

I/We the undersigned, hereby accept all credit terms as set forth by this document and agree to the terms in consideration of extended credit. These terms are set as Net 30 days from date of invoice. I/We the undersigned, hereby guaranty payment to Wellbuilt Equipment Inc. for all credit, including interest, court costs and attorney fees, owed by the company listed within this document to Wellbuilt Equipment Inc. in relation to this credit agreement.

(Applicant Signature)

(Applicant Name - Please Print)

(Application Date)

(Guarantor Signature)

(Guarantor Name - Please Print)

(Application Date)