

Equipment Finance Application

Box Credit LLC 20 Sunnyside Ave, suite A-151 Mill Valley, CA 94941 Phone: 415-381-8542 Fax: 415-329-1773

Email: info@boxcredit.com

LESSEE (EXACT LEGAL NAME) STREET ADDRESS			DBA EMAI		JIL ADDRESS								
			CITY			STATE ZIP		ZIP	P		TELEPHONE NO.		
LOCATION OF EQUIPMENT			CITY			ST	TATE	ZIP		FA	FAX NO.		
TYPE OF BUSINESS ntermodal			YEARS IN BUSINESS			YEAR UNDER CURRENT OWNER			WNER	FEDERAL TAX ID NO. (IF ANY)			
☐ PROPRIETORSHIP	☐ CORPORATION		□LLC			☐ OTHER				STATE OF INCORPORATION			
DES THE COMPANY HAVE TAX HAS THE COMPANY FILED BANKRUPTCY?			NUMBER OF		State ID ND13068400 - KS3534831			34831	RESALE PERMIT NO.				
OWNERSHIP													
PRINCIPAL #1 NAME		TITLE	%	% OWNERSHIP		YRS OF INDUSTRY EXPERIEN		XPERIENC	NCE SOCIAL SECURITY NO.				
STREET ADDRESS			CITY				TATE	ZIP		HOME TELEPHONE NO.			
HAVE YOU EVER FILED BANKRUPT	CY?		DO YOU HAVE O			_							
PRINCIPAL #2 NAME		TITLE	HAVE YOU BEEN CONVICTED (FITLE % O\						XPERIENC	ICE SOCIAL SECURITY NO.			
STREET ADDRESS			CITY			ST	TATE	ZIP	HON	HOME TELEPHONE NO.			
HAVE YOU EVER FILED BANKRUPTCY?			DO YOU HAVE OUTSTANDING TAX LIENS?				HAVE YOU BEEN CONVICTED OF A FELONY?						
DANIK O ODEDIT I	NEODMA	TION											
BANK & CREDIT INFORMATION ANK NAME CONTACT NAME		CITY			CURRE BALANO		ENT CHECKING NCE		TEL	TELEPHONE NO.			
CCOUNT UNDER NAME OF CHECKING			ACCOUNT	T NO.			LOAN Amount/Current Balance						
TRADE REFEREN	CES							DESIE	RED T	FRM	S (Ch	eck one	
COMPANY	CONTACT			TELEPHO	EPHONE			DESIRED TERMS (Check one LEASE TERM IN MONTHS					
							□ 36 □ 48			□ 60 □ 72 □			
				•				EQUIF	MEN	T VE	NDOF	₹	

I understand that this equipment application may be approved based upon my business and personal credit. I authorize Box Credit LLC or its assignees to check references, bank accounts and credit information.

Phone

Equipment Cost

AUTHORIZED SIGNATURE

DATE

Equipment Type