

CREDIT APPLICATION

Dealer:
Equipment Distributors, Inc.
503 Pulaski Highway
Joppa, MD 21085
Bill Karidias Email: bill@edisales.com

Office Number 410. 538.6000
Fax Number 410. 538.6001
Website: www.EDIsales.com

Name (First)	M	Last	SS#	DOB
Business Name			Fed Tax ID#	
Address:		City:	State:	Zip:
Years in Business	Home Phone:	Business Phone:	Mobile Phone:	

Business Form: _____ Corporation _____ Partnership _____ Individual _____ Other (Describe) _____

REFERENCES

Bank Name:	Address:	Phone:
Checking Account #:		Contact:
Savings Account #:		
Finance Co.:	Phone/Contact:	Acct.#
Finance Co.:	Phone/Contact:	Acct.#

Judgement filed against you in the past 7 years?	Yes <input type="checkbox"/>	Have you filed for bankruptcy in the past 7 years?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>		No <input type="checkbox"/>

TRADE REFERENCE

Name of Co.	Address:	Acct.#	Phone/Contact
Name of Co.	Address:	Acct.#	Phone/Contact
Name of Co.	Address:	Acct.#	Phone/Contact
Name of Co.	Address:	Acct.#	Phone/Contact

Terms of Sale:

Sales Price of Equipment: \$ _____
 Freight/ Delivery: \$ _____
 Sales Tax (If Applies): \$ _____
 Other: \$ _____

Subtotal: \$ _____

Less Net Trade In: \$ _____
 Cash Down Payment: \$ _____
 Rental Credit: \$ _____
Net Cost: \$ _____

Doc/Lien Fees: \$ _____
 Insurance: \$ _____
Total to Finance: \$ _____

Terms Requested:

Term: _____
 Contract/Lease: _____
 Residual: _____
 Skips: _____

Equipment Description:

Year: _____
 Make/Model: _____
 Description: _____
 Serial Number: _____
 Attachments: _____
 Serial Number: _____

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

SIGNED: _____ **TITLE:** _____ **DATE:** _____