



801) 261-1798 or Toll Free 800-644-9537 / Fax (801) 281-5484

FINANCE APPLICATION

COMPANY _____

MAILING ADDRESS _____

CITY, ST. ZIP _____

PHONE _____

FAX _____

MOBILE / PAGER _____

EQUIPMENT LOCATION _____

COUNTY _____

E Mail Address: _____

of years you have owned this business. _____

PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ STATE _____ YEAR _____

FEDERAL ID _____

OWNER	S.S.#	PHONE
HOME ADDRESS, CITY, ST, ZIP (Physical, not P.O. Box)		
ADDITIONAL OWNER OR SPOUSE	S.S.#	PHONE
HOME ADDRESS, CITY, ST, ZIP (Physical, not P.O. Box)		
BANK	BRANCH	PHONE
ACCT. NO.	BUSINESS _____	PERSONAL _____
BANK	BRANCH	PHONE
ACCT. NO.	BUSINESS _____	PERSONAL _____
TRADE REFERENCES	CONTACT	PHONE
1 _____		
2 _____		
Lienholder on Vehicle/Trailer (the equipment will be installed in):		
INSURANCE AGENT NAME	PHONE	
VENDOR FabChem	SALESPERSON	PHONE 916-221-0640
ADDRESS, CITY, ST, ZIP	685 Placerville Dr Placerville, CA 95667	
TYPE OF EQUIPMENT	COST \$	
PURCHASE OPTION 10% or \$1	TERM REQUESTING: 24mos 36mos 48mos 60mos	
PROVIDE COMPLETE & ACCURATE INFORMATION TO AVOID DELAYS IN PROCESSING PLEASE CONSIDER THIS DOCUMENT OR A FAX THEREOF AUTHORIZATION TO FURNISH A COMPLETE HISTORY OF ALL ACCOUNTS, LOANS, TRANSACTIONS, TRADE INFORMATION, BALANCES OR OTHER FINANCIAL INFORMATION RELATIVE TO ANY ACCOUNT WE MAY HAVE WITH YOU. I/WE RELEASE AZTEC FINANCIAL, INC. OR ITS ASSIGNS FROM ANY LIABILITY ARISING FROM ITS CREDIT INVESTIGATION.		
SIGNED BY: X	DATE	
SIGNED BY: X	DATE	