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One-Page Credit Application for Maytag Financing Assistance

Borrower/Lessee

Company Name: _____

DBA: _____ Fed Tax ID: _____

State of Incorporation/Organization: _____ D&B #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Contact: _____ Direct Line: _____

E-mail: _____ Fax: _____

Business Description: _____

Time in Business Under Current Ownership: _____

Type of Business:

- Partnership
- Proprietorship
- S-Corp
- Corporation
- LLC
- Non-Profit

Whirlpool/Maytag Distributor

Company Name: Equipment Marketers

Address: 100 Melrose Avenue

City: Cherry Hill State: NJ Zip: 08003

Phone: 800-223-1376 Fax: 856-428-5477

Contact: _____

Comments: _____

Bank Reference

Principal Bank: _____

Account Number: _____

Phone: _____

Contact: _____

Personal Information on Officers, Partners or Owners

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

SSN: _____ %Ownership: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

SSN: _____ %Ownership: _____

Trade Reference 1

Company Name: _____

Phone: _____

Contact: _____

Trade Reference 2

Company Name: _____

Phone: _____

Contact: _____

New Equipment to be Financed (attach equipment schedule if necessary)

Address of Installation: _____

Quantity	Model	Description	Serial Number(s)	Purchase Price (w/o Tax)

Proposed Finance Terms

Number of Months: _____ Installment Loan Lease Lease Purchase Option: \$1 10%

I hereby represent all information is true, correct and complete. I/we hereby authorize the release of any credit information, business or personal to the submitter or its assigns. Submitter complies with section 326 of the USA PATRIOT Act. This law mandates that submitter or its assigns request and verifies certain information about you and your company. A copy or fax of this authorization shall be deemed valid as the original.

Signature: _____ Title: _____ Date: _____

Please Print Name: _____

Signature: _____ Title: _____ Date: _____

Please Print Name: _____