



640 Keystone Road
Greenville, PA 16125
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sales@northeastind.com

CREDIT APPLICATION

CUSTOMER INFORMATION

OWNERS, PARTNERS, GUARANTORS (ATTACH SEPARATE SHEET IF NECESSARY)

EXACT LEGAL NAME OF BUSINESS ENTITY ("Obligor")					TELEPHONE NUMBER	
ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)	
NATURE OF BUSINESS			FAX NUMBER	FED. TAX NO.		
WEBSITE ADDRESS		GROSS ANNUAL REVENUES \$	DATE BUSINESS ESTABLISHED (mm/yyyy)		DATE CURRENT OWNERSHIP (mm/yyyy)	
BUSINESS STRUCTURE		<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> S-CORP <input type="checkbox"/> C-CORP <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> TRUST				
STATE OF ORGANIZATION:						
Have any of the guarantors ever been indicted or convicted of a misdemeanor or felony? No Yes			Are there any outstanding lawsuits (business or personal)? No Yes			
Has the company ever declared bankruptcy? No Yes			Are there any outstanding tax liens or unpaid taxes? No Yes			
Have any of the guarantors ever declared bankruptcy? No Yes			Are there any outstanding tax liens or unpaid taxes? No Yes			
Provide Explanations to any YES responses.						

PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT
ANNUAL SALARY \$	<input type="checkbox"/> US CITIZEN <input type="checkbox"/> NOT US CITIZEN	EMAIL ADDRESS			
PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT
ANNUAL SALARY \$	<input type="checkbox"/> US CITIZEN <input type="checkbox"/> NOT US CITIZEN	EMAIL ADDRESS			

EQUIPMENT INFORMATION

VENDOR/EQUIPMENT DESCRIPTION: YEAR, MAKE, MODEL NEW <input type="checkbox"/> USED <input type="checkbox"/>	EQUIPMENT COST \$	CASH DOWN/TRADE \$	AMOUNT TO FINANCE/LEASE \$
FINANCING/LEASE STRUCTURE \$1.00 LEASE <input type="checkbox"/> 10% PUT <input type="checkbox"/> FMV LEASE <input type="checkbox"/> LOAN <input type="checkbox"/>	FINANCE/LEASE TERM 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/>	ADDITION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/>	DELIVERY DATE
LOCATION OF EQUIPMENT (STREET)	(CITY)	(STATE, COUNTY)	(ZIP CODE)

BANK INFORMATION

BANK	BRANCH	FAX NUMBER	TELEPHONE NUMBER
CURRENT CHECKING ACCT BALANCE \$	CHECKING ACCOUNT NUMBER(S)	LOAN(S) ORIGINAL BALANCE \$	LOAN(S) CURRENT BALANCE \$
BANK REFERENCE Please make a copy of your most recent 3 months of business back statements and include them with this application.			

TRADE INFORMATION

COMPANY NAME	ACCOUNT NUMBER	TELEPHONE NUMBER	CONTACT PERSON

Need Working Capital for your business to use as you wish??	YES	NO
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The undersigned, each individually as principals and/or guarantors of the Obligor, and on behalf of the Obligor (individually and collectively "Applicant"), hereby affirms that the foregoing information contained in this Credit Application is presented for the purpose of obtaining or maintaining credit as of the date indicated and is true, complete and correct. Applicant understands that this financial group is relying on this statement of our financial condition in extending or continuing to extend credit to Applicant. This financial group, its affiliates, successors or assigns is/are authorized to make any investigation of Applicant's credit either directly or through any agency employed by the financial group for that purpose. This financial group may disclose to any other interested parties our experience with this account. Applicant agrees to inform this financial group immediately of any matter which will cause any significant change in Applicant's financial condition. Applicant understands that this financial group will retain this application whether or not credit is granted. This financial group may share this application or information contained in or related to it with affiliates to determine Applicant's eligibility for other products or services offered by this financial groups affiliates, unless you write to Northeast Industrial Manufacturing, at 640 Keystone Rd., Greenville, PA 16125 to advise that you do not want this information shared.

X	DATE:	X	DATE:
PRINTED NAME AND TITLE:		PRINTED NAME AND TITLE:	

ESTABLISHING A RELATIONSHIP WITH FINANCIAL GROUP: To help the United States Government fight terrorism and money laundering, it is our policy to request information that identifies each person or business that establishes a relationship with us. Therefore, for businesses we will ask for your business name, street address, and taxpayer identification number. For individuals we will ask for your name, street address, date of birth and social security number. We may also ask to see identifying documents. **EQUALCREDIT OPPORTUNITY ACT:** If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact our Customer Service Manager, 640 Keystone Rd, Greenville, PA 16125 (724) 588-7711 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. **NOTICE:** The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington DC 20006.