



Fax Completed Finance Application to:
(800) 268-1591
 Questions? Please Call (800) 266-3255

Dealer:	Location (City/State):
Contact:	T#:
	F#:

Please complete in its entirety. *Italicized sections are required for credit review.*

BUSINESS AND OWNERSHIP INFORMATION

Customer Legal Name *DBA*

Proprietorship Corp. Sub S L.L.C. Partnership Other _____ Tax Exempt Number _____ (Attach copy of certificate)

State-issued Organization# (not tax id#) *State of Organization or State of Legal Residence for Individuals*

Federal Tax ID No. (if any)	Type of Bus.	Yrs in Bus.	Yrs. Under Current Ownership	Email Address
Primary Legal/CEO Address: Street		City	County	State Zip
Physical Equipment Location: Street		City	County	State Zip
Billing Address (if different than above): Street		City	County	State Zip
Phone #	Fax #	Mobile Phone #	Contact Name	
Owner/Guarantor Name	Title	Social Security#	Date of Birth	Ownership %
Home Address	City	County	State	Zip Home Phone#
Owner/Guarantor Name	Title	Social Security#	Date of Birth	Ownership %
Home Address	City	County	State	Zip Home Phone#

SECURED LOAN OR LEASE REFERENCES

Bank / Finance Company	City & State	Telephone #	Contact	Account #
Bank / Finance Company	City & State	Telephone #	Contact	Account #

ECOA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT). If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Credit Manager, Ditch Witch Financial Services, 475 Sansome Street, 19th Floor, San Francisco, California 94111, (800) 266-3255 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 the creditor is the Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.

I authorize Ditch Witch Financial Services and its assignees, transferees, agents and designees, including The Charles Machine Works, Inc. dba Ditch Witch, to check references, bank accounts and credit information (including information from credit reporting agencies), and to report and to disclose to any and all persons, including other lenders or funding sources, information provided by you to us or to any of the foregoing in connection with this application, or otherwise obtained by us or by any of the foregoing regarding this application or your credit experience, capacity or standing, including this application and any credit reports, financial statements and organizational documents. By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written authorization to Ditch Witch Financial Services, and its assignees, transferees, agents and designees, to obtain and review his/her personal consumer report from any credit reporting agency in connection with this application, whether or not his or her credit is being relied upon in connection with this application.. NOTE: Financial statements or tax returns may be required. A minimum of three (3) years in business is required for all applicants (a copy of a business license may be required if less than 5 years in business).

Applicant Signature _____ Title _____ Date _____

Guarantor Signature _____ Title* _____ Date _____

Guarantor Signature _____ Title* _____ Date _____

**If corporate guarantor, authorized officer must sign and show corporate title. If partnership guarantor, a general partner must sign and show "Partner" on Title line. If individual guarantor, show "Individual" on the Title line.*

EQUIPMENT INFORMATION / TERMS OF FINANCING

Qty	N/U	Year	Manufacturer/ Model	Serial #	Price	Residual	Payment	Maintenance

Other Detail: Attachments, etc.:

Trade Detail: Qty:	Year	Manufacturer	Model	Dealer Allowance	Lienholder	Payoff

Please select one:

LOAN LEASE

PLEASE NOTE SPECIFIC FINANCE PROGRAM OR TYPE OF LOAN OR LEASE REQUESTED AND ANY OTHER DETAILS:

Terms:

of Months: _____

of Advance Pmts: _____

Circle Skip Months (if applicable):

J F M A M J J A S O N D

Other:

Total Sales Price

\$

Net Trade

-

Rental Credit

-

Down Payment

-

Taxes

+

Doc Fee/Other Fees

+

Other/Insurance

+

Total Finance Amount

\$