



COMMERCIAL CREDIT APPLICATION

Please fill out, sign and scan and email to:
info@woodway.com or fax back to 262-522-6235

Woodway USA, Inc.
W229 N591 Foster Ct.
Waukesha, WI 53186
Phone: 800-966-3929

Business Information:

Company Name (exact legal name of entity): _____
Street Address: _____ Website: _____
City: _____ County: _____ State: _____ Zip: _____ e-Mail _____
Telephone: _____ Fax: _____ Contact Person: _____ Title: _____
Equipment location if different from above: _____ City: _____ County: _____ State: _____ Zip: _____
Business Type: Corporation: _____ LLC: _____ Partnership: _____ Proprietorship: _____ Non Profit: _____ State of Incorporation: _____
Years in Business: _____ Nature of Business: _____ Federal Tax ID : _____

Personal Information on Officers, Partners or Guarantors:

1) Name: _____ Title: _____ SS #: _____
% Of Ownership: _____ Email Address: _____ Phone: _____
Home Address: _____ City: _____ State: _____ Zip: _____
2) Name: _____ Title: _____ SS #: _____
% Of Ownership: _____ Email Address: _____ Phone: _____
Home Address: _____ City: _____ State: _____ Zip: _____
3) Name: _____ Title: _____ SS #: _____
% Of Ownership: _____ Email Address: _____ Phone: _____
Home Address: _____ City: _____ State: _____ Zip: _____

Company Bank Reference:

Bank/Branch Name: _____ Contact Person: _____
Checking Acct #: _____ Loan Acct #: _____ Telephone: _____

Equipment Information:

Equipment Description: _____ Equipment Cost: _____
New: _____ Refurbished: _____ Used: _____ 24 Mo: _____ 36 Mo: _____ 48 Mo: _____ 60 Mo: _____ Purchase Option: \$1.00 _____ 10% Resid: _____ FMV: _____

THIS APPLICATION DOES NOT OBLIGATE LESSOR/LENDER TO PROVIDE FINANCING

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Lessor/Secured Party to obtain from third parties, including Applicant's bank, information it deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Lessor/Secured Party, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. I authorize all deposit, borrowing, financial and trade information to be released to Lessor/Secured Party by telephone or fax. A photocopy or fax of this authorization shall be valid as the original. To help fight terrorism and money laundering, the information you provide may be verified to allow us to identify you.

X _____ **X** _____ **X** _____
Signature Applicant 1 Date Signature Applicant 2 Date Signature Applicant 3 Date