

Legal Company Name:		
Physical Address:		
City:	State:	Zip:
Billing Address:		
City:	State:	Zip:

**Business Profile: (Check all that apply)**

Corporation     LLC     Airport     Tour  
 Partnership     Non-Profit     Church     Limo  
 Proprietorship     Schedule of Service     Charter     Health/Day Care

Federal ID #: \_\_\_\_\_ State of Registration: \_\_\_\_\_ Date Established: (mm/dd/yyyy) \_\_\_\_\_

If in business less than 3 years, list recent employment history:

Contact Name:		
Phone:	Cell:	Fax:
E-mail Address:		

Insurance Carrier:	
Policy Number:	Expiration Date: (mm/dd/yyyy)
Agent/Contact:	Phone:

**PRINCIPAL OFFICER #1**

Name:		Title:	
Address:			
City:	State:	Zip:	
DOB: (mm/dd/yyyy)	SSN: (See note below)	Phone:	

**PRINCIPAL OFFICER #2**

Name:		Title:	
Address:			
City:	State:	Zip:	
DOB: (mm/dd/yyyy)	SSN: (See note below)	Phone:	

**NOTE:** Only provide your Social Security Number (SSN) if this is a personal lease/loan, or you are providing a Personal Guarantee (PG) for this business lease/loan.

**FINANCIAL INFORMATION**

Business Bank:	Branch:	City:	State:	Zip:
Contact:	Phone:	Checking Account #:	Loan/Savings Account #:	
Personal Bank:	Branch:	City:	State:	Zip:
Contact:	Phone:	Checking Account #:	Loan/Savings Account #:	
Annual Gross Income:	Have you ever filed for bankruptcy? <input type="radio"/> No <input type="radio"/> Yes Date:	Have you ever obtained credit under a different name? Address: _____ City: _____	<input type="radio"/> No <input type="radio"/> Yes	Name: _____ State: _____ Zip: _____

**CREDIT REFERENCES (Please attach additional pages if necessary)**

Lender:	Account #:	Contact:	Phone:	Monthly Payment (\$):
Lender:	Account #:	Contact:	Phone:	Monthly Payment (\$):
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**VEHICLE FINANCING INFORMATION**

Year:	Make:	Model:	Mileage:	Engine Type:	# of Passengers:	VIN:
<input type="radio"/> Lease <input type="radio"/> Loan	Purchase Price:	Down Payment:	Amount Financed:	Desired Length of Term: (mths)	Desired Monthly Payment:	

I/We the undersigned certify that all statements contained in this application are true and correct. I/We authorize Colonial Equipment Company (CEC) and their agents and any lender or agency to whom this information is forwarded on behalf of CEC to investigate the information herein, and to obtain information about my/our accounts and credit experience. I/We authorize all parties and lenders contacted to release any relevant account information and for such information to be freely discussed between CEC, their agents or lenders assigned in the process of making a credit determination. Note: If this is a personal lease/loan or you are providing a Personal Guarantee (PG), your Social Security Number is required.

**PATRIOT ACT DISCLOSURE:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify and record information that identifies each person (individuals/businesses) who opens an account. What this means for you: When you open an account or add any additional service, we will ask for your name, address, drivers license or other identifying documents, including your taxpayer identification number to help us identify you.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_