



10024 Office Center Ave. Ste. 150  
St. Louis, MO 63128  
877-274-6688

**BUSINESS INFORMATION BUSINESS CREDIT APPLICATION**

Legal Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Equipment Location (if different) \_\_\_\_\_ Years in Business \_\_\_\_\_  
Company Phone \_\_\_\_\_ Fax \_\_\_\_\_ Business Structure:  Corp.  Partnership  Proprietor  LLC  
State of Organization / Incorporation \_\_\_\_\_ Federal ID # \_\_\_\_\_ Website \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**EQUIPMENT INFORMATION**

Dealer \_\_\_\_\_ Sales Rep \_\_\_\_\_ Requested Term: 24, 36, 48, 60 Months (Circle One) Other \_\_\_\_\_  
Equipment \_\_\_\_\_ Cost \$ \_\_\_\_\_  New  Used / Approximate age of equipment: \_\_\_\_\_

**PRINCIPAL INFORMATION**

Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_ Phone # \_\_\_\_\_  
Home Address \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_ Phone # \_\_\_\_\_  
Home Address \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**BANK REFERENCES – Depository, Commercial Loans, and Lines of Credit**

Bank Name 1 \_\_\_\_\_ Branch Location \_\_\_\_\_ Officer \_\_\_\_\_  
Phone # \_\_\_\_\_ Account # \_\_\_\_\_ Type of Account \_\_\_\_\_  
Bank Name 2 \_\_\_\_\_ Branch Location \_\_\_\_\_ Officer \_\_\_\_\_  
Phone # \_\_\_\_\_ Account # \_\_\_\_\_ Type of Account \_\_\_\_\_

**TRADE REFERENCES**

Name of Supplier \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_  
Name of Supplier \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_  
Insurance Name \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_  
Landlord \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_

**SIGNATURES**

By Signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of it obligations, provides written instruction to Compact Power Finance or it designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining bank & trade information for considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. I understand that by providing our company's phone/fax numbers, I consent to receive all phone/fax communications sent by or on behalf of Compact Power Finance. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

AUTHORIZED SIGNATURE: X \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
AUTHORIZED SIGNATURE: X \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Fax completed application to 314.842.7880

Your Compact Power Finance Account Rep is  
**Danny Schnoeker**  
877.274.6688  
dschnoeker@compactpowerfinance.com