

C & C Lift/Truck, Inc.

30 Parkway Place, Edison, NJ 08837

Tel (732) 727-4500

Sales Fax (732) 727-0162

Authorized Dealer: **Komatsu, TCM, Big Joe, Omega, Genie, Columbia**

() Corporation FID No _____

() Individual

() Partnership SS No _____

CREDIT APPLICATION

www.cnclifttruck.com

COMPANY NAME _____ Date _____

COMPANY LOCATIONS Address City, State, Zip

Bill to

Ship to

COMPANY CONTACTS Name Telephone/Fax

Purchasing

Service

Payables

Duns No _____ Credit Line Requesting \$ _____ Sales Volume \$ _____

Payment Personally Guaranteed? () Yes () No Yrs in Business _____

By _____ Title _____ No. of Emp _____

TRADE REFERENCE Name Contact Telephone/Fax

1

2

3

BANK REFERENCE Name Contact Telephone/Fax

1

2

3

ARE YOU NEW JERSEY STATE SALES TAX EXEMPT? () YES () NO IF YES, PLEASE ATTACH A COPY OF YOUR EXEMPTION CERTIFICATE. APPLICABLE TAXES WILL BE CHARGED UNTIL CERTIFICATE IS RECEIVED BY C & C LIFT TRUCK, INC.

OWNERSHIP Name Address City, State, Zip Phone

1

2

3

***I/We have applied to lease equipment. I authorize ___ C&C Lift Truck Inc. ___ to investigate the references listed above or other credit data including reports from credit reporting agencies which may be required as part of its normal credit approval procedures and authorize that and any such information requested may be released by telephone. PLEASE AUTHORIZE HERE:

Authorized this _____ Day of _____ 20 ____ Signature _____ Title _____

EQUIPMENT TO BE LEASED Type of Equipment, Model Description Unit Cost Total Cost

1

2

3

Lease Term _____ Lease Pmt _____ Total Cost _____

Lease Rate Factor _____ Plus Maint _____ Less Trade in Allow _____

Purchase Option _____ Total Pmt _____ Net to Finance _____

No of Advance Pmts _____ Tax Rate _____

ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE. WE AUTHORIZE THE ABOVE COMPANY TO MAKE ANY AND ALL INQUIRIES NECESSARY FOR ACTION ON THIS CREDIT APPLICATION.

SIGNATURE _____ TITLE _____ DATE _____