

# APPLICATION FOR THIRD-PARTY FINANCE

Date: \_\_\_\_\_

## **A. APPLICANT BUSINESS INFORMATION**

Legal Name: \_\_\_\_\_ Country: (USA) List if different- \_\_\_\_\_

☐ Sole Proprietorship ☐ Partnership ☐ Corporation/LLC ☐ Joint Venture

State of Incorporation: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

If same as above Check here

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax ID or Social Security Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_ Name of KSMI Sales Rep: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ How Long in Business: \_\_\_\_\_ Estimated Annual Sales: \_\_\_\_\_

## **B. OWNERS and/or OFFICERS INFORMATION**

All individuals identified here must sign this application under the Consent to Obtain Consumer Credit Information heading below. **Please include Photo ID for each owner.**

1. Name \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_ DOB: \_\_\_\_\_

SS# \_\_\_\_\_ DL #: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City State Zip

2. Name \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_ DOB: \_\_\_\_\_

SS# \_\_\_\_\_ DL #: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City State Zip

Has applicant, or any of its owners or officers ever filed bankruptcy? ☐ Yes ☐ No

Have any of the owners or officers ever been convicted of a felony or a crime or moral turpitude? ☐ Yes ☐ No

Number of Employees: \_\_\_\_\_

## **C. BANKING REFERENCE**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Type of Acct.: \_\_\_\_\_

## **D. FINANCE REFERENCES** (Please Provide 3 References)

1. Finance Co. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct. #: \_\_\_\_\_

2. Finance Co. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct. #: \_\_\_\_\_

3. Finance Co. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Applicant has an affirmative duty to promptly notify Kirby-Smith Machinery, Inc. (KSMI) in writing of any change to the information provided herein regarding ownership, business structure, address or contact information, or material changes in the financial status of Applicant.

Applicant has provided the preceding information for the purpose of obtaining financing. Applicant understands that KSMI will not be providing financing, but will attempt to assist applicant in obtaining third-party financing. KSMI does not warrant or represent that applicant will be provided financing. Applicant expressly authorizes KSMI to disclose the information provided in this application, and provided in support of this application, to any third-party companies, lenders or funding services who may be able to provide financing at KSMI's sole discretion (third-party financing company). Applicant warrants that the information provided in this application is true and correct, and that KSMI or a third-party financing company may rely on the information. Applicant hereby authorizes KSMI, its assignee/designee, or a third-party financing company to investigate all references and customary credit information sources including consumer credit reporting repositories regarding applicant's credit and financial responsibility for the purpose of obtaining financing and for periodic review for the purpose of maintaining the credit relationship. Applicant also authorizes the above referenced bank(s), financial institution(s) or financing reference(s) to release such information as is necessary to establish financing. Applicant authorizes KSMI or any third-party financing company to communicate with applicant by email at the email address provided above. Applicant understands that this application is provided for the sole purpose of providing KSMI information for use in attempting to assist applicant to obtain financing. This application is not intended to, and shall not be construed as, an amendment, supplement, revision or change to any Credit Application and Agreement, Rental Agreement, Rental Purchase Agreement, or other agreement, including any personal guaranty, entered into between KSMI and applicant, and notwithstanding anything to the contrary herein, any such agreements remain in full force and effect.

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 is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact KSMI 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. The person signing this document on behalf of applicant represents that he/she is duly authorized to do so on behalf of applicant.

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Company Name

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Signature

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Print Name

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Title

#### CONSENT TO OBTAIN CONSUMER CREDIT INFORMATION

The undersigned individual, who is either an owner or officer of applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes KSMI, its assignee/designee or any third-party financing company to review his/her personal credit profile from one or more credit reporting agencies. This authorization shall extend to obtaining a credit profile in 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. **Photo ID required.**

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Signature

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Print Name

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Date

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Signature

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Print Name

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Title

Upon completion, please return this application to Kirby-Smith Machinery, Inc. Finance Department at [finance@kirby-smith.com](mailto:finance@kirby-smith.com). The Kirby-Smith Finance Department can be reached at 888-861-0219.