Corporate Headquarters
795 Marshall Avenue
PO Box 1099
Williston, VT 05495
802-658-1700
802-862-6076 fax

Southern New England Branch
65 Leicester Street
N. Oxford, MA 01537
508-499-1950
508-499-1955 fax

Central New York Branch
751 County Route 37
Central Square, NY 13036
315-676-2008
315-676-2422 fax

Eastern Pennsylvania Branch
7096 Carlisle Pike
Carlisle, PA 17015
717-795-0700
717-795-0701 fax

FINANCING APPLICATION

Company_____
_____
Street_____
City/St/Zip_____
Phone #_____
Fax #_____
Equipment Location, if different
Street_____
City/St/Zip_____
Website _____

Principal_____
_____
Street_____
City/St/Zip_____
Phone #_____
Fax #_____
Home Own ( ) Rent ( )
SS # _____D.O.B._____
Annual Income $_____
Email: _____

ORGANIZATION INFORMATION

Ind/dba ( ) Partnership ( ) Corp. ( )
Time in Business_____
Type_____
President_____
Vice President_____
Other_____
Bank_____
Address_____
City/St./Zip_____
Account Number_____
Officer_____
Phone_____

Business Location Own ( ) Rent ( )
Landlord Info_____
Phone #_____
Insurance Broker_____
Insurance Phone #_____
Tax ID #_____
Equip. Description New ( ) Used ( )
Year/Make/Model_____
_____
_____
Equip. Costs $_____
Term_____Purchase Option_____
Advanced Payments_____

TRADE REFERENCES

Name	City/State/Zip	Phone #	Contact
1)			
2)			
3)			

The undersigned certifies that the above information given for credit purposes is true and correct and authorize Wood's CRW Corp. or its associates and any credit bureau or investigative agency to investigate the references, statements, or other data listed or accompanying this application. The undersigned authorizes all parties contracted to release credit and financial information requested as a part of said information. It is understood that this profile is not a commitment to finance.

Credit Release Authorization_____ Date_____