

MTI Equipment, Inc.

830 S. River Rd.

Englewood, FL 34223

# CREDIT APPLICATION

FAX App 941.475.1309

<b>COMPANY INFORMATION</b>	Customer Legal Name		Yrs in Business	<input type="checkbox"/> Current customer of CIT (list acct#)
	Street Address		Nature of Business	
	City/County/State/Zip		Phone No.	Fax no.
	<b>Federal Tax ID No. (REQUIRED)</b>		Contact/Title	Cell No.
	Equipment Location (if different from above) Street Address/City/County/State/Zip		Type of Business	
	Principal/Partner/Officer/Guarantor	Social Security No.	<input type="checkbox"/> Individual <input type="checkbox"/> Corp Date of Inc. _____ <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability	
	Home Street Address		<input type="checkbox"/> Tax Exempt	
	City/State/Zip	Phone No.	Please attach copy of certificate	

<b>EQUIPMENT INFORMATION</b>	Dealer Name	Contact (salesman)	Dealer Ph	Dealer Fax
	Dealer Address		( ) - ( ) -	( ) -

**\* If this is for a Manufacturer special rate program, list manufacturer name-**

Finance Product	<input type="checkbox"/> Fair Market Value Purchase Option <input type="checkbox"/> Fixed Purchase Option \$ _____ or _____ % <input type="checkbox"/> Dealer Guaranty of Purchase Option <input type="checkbox"/> Conditional Sales Contract	Term	Sale Price (or attach sales quote to this page)
	Interest rate %	# Advance	Sales Tax (if included in financing)
Equipment Description (Manufacturer, Model, S/N)	<input type="checkbox"/> New <input type="checkbox"/> Used Year: _____		Downpayment or Trade (Minus)
1	<input type="checkbox"/> New <input type="checkbox"/> Used Year: _____		Total Amount to Finance
2	<input type="checkbox"/> New <input type="checkbox"/> Used Year: _____		Payment Amount
3	<input type="checkbox"/> New <input type="checkbox"/> Used Year: _____		

<b>BANK REFERENCES</b>	Bank/Credit Reference Name	Account/Loan Officer	Phone#	Fax#
	Address (City, State)		( ) - ( ) -	( ) -

	Bank/Credit Reference Name	Account/Loan Officer	Phone#	Fax#
	Address (City, State)		( ) - ( ) -	( ) -

<b>TRADE REFERENCES</b>	Trade References	Contact	Phone#	Fax#
	Address (Street, City, State)		( ) - ( ) -	( ) -

	Trade References	Contact	Phone#	Fax#
	Address (Street, City, State)		( ) - ( ) -	( ) -

**BUSINESS PURPOSE AUTHORIZATION** You, the credit applicant, certify to us that you are applying for credit for a business purpose, and not for personal, family or household purposes.

I hereby authorize The CIT Group to obtain further information concerning my personal credit standing from any credit bureau, the references herein listed, or any other person. A photostatic copy of this authorization shall be as valid as the original.

**X** \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
 Print Name & Title