

Legal Business Name \_\_\_\_\_ Date \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Business Ownership:  Sole Proprietor  Partnership  Corp.- F.I.D.# \_\_\_\_\_ in State of \_\_\_\_\_

**Business Start Date** \_\_\_\_\_ **Type of Business** \_\_\_\_\_ Full-time  Part-time

Licensed Surveyor  State \_\_\_\_\_ Engineer  Other  If Other, please describe: \_\_\_\_\_

Previous Sokkia Credit Corporation customer? \_\_\_\_\_ When? \_\_\_\_\_

### Owners / Officers / Partners

*This information may be used to check the personal credit of individuals listed.*

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home:  Own  Rent Birth Date \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home:  Own  Rent Birth Date \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

### Bank Information

Bank Name \_\_\_\_\_ City/State \_\_\_\_\_

Phone \_\_\_\_\_ Checking Acct # \_\_\_\_\_ Date Opened \_\_\_\_\_

*I (we) certify that the above information is complete and correct and the equipment is being acquired for commercial and not consumer use. I (we) authorize the bank listed above to provide credit information to Advance Acceptance. I (we) understand that Advance Acceptance may use the provided information to check personal credit of owners, officers or partners indicated above.*

*Advance Acceptance will notify the Equipment seller of credit decision unless otherwise directed in writing by applicant. Please indicate method of notification such as by phone, fax or e-mail.*

*Financial statements may be required based on credit and/or transaction size.*

*When you apply for an account with us, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents.*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

*Applicant's Signature Required*

*Co-Applicant's (if any) Signature Required*

Equipment seller Turning Point Systems Group E-mail cdtemple@turningpointssystemsgroup.com

Contact Cliff DeTemple Phone (414)353-8774 Fax (414)353-4887

Equipment description \_\_\_\_\_

Model \_\_\_\_\_

Sale price \$ \_\_\_\_\_ Term \_\_\_\_\_ Rate factor used \_\_\_\_\_ Promo code \_\_\_\_\_

Before sales tax

Months

**Lease**

**or**

**Loan**

\$1.00 purchase option lease

Commercial loan

Other \_\_\_\_\_

**Fax completed, signed application to 800-288-4959**

01/07