

INDUSTRIAL APPLICATION

3893 Research Park Drive, Ann Arbor, MI 48108
Phone: 877-859-2976 Fax: 877-514-1016

COMPLETE LEGAL COMPANY NAME		SUPPLIER	
Name		Name	
Address		Address	
City/State/Zip		City/State/Zip	
Telephone Number	Fax Number	Telephone Number	Fax Number
Contact Person	Email Address	Contact Person	Email Address
OFFICERS/OWNERS/PARTNERS INFORMATION			
Name		Name	
% Ownership		% Ownership	
Address		Address	
City/State/Zip		City/State/Zip	
Home Telephone Number	Social Security Number	Home Telephone Number	Social Security Number
EQUIPMENT DESCRIPTION			
<input type="checkbox"/> New <input type="checkbox"/> Used		Equipment Location (if other than above)	
Nature of Business		Time in Business	State of Incorporation
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Other			
Term _____		Purchase Option: <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1.00 <input type="checkbox"/> Other	
Security Deposit(s) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2		OR	Advance Payment(s) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Monthly Payment \$ _____		Plus Tax \$ _____ (if applicable)	Total Payment \$ _____
BANK			
Type of Account	Account Number	Contact	Telephone Number
TRADES			
Business Name	Telephone Number	Contact	
Business Name	Telephone Number	Contact	
Business Name	Telephone Number	Contact	
SIGNATURE RELEASE			

It is expressly understood that this constitutes an application only and in itself shall not be binding upon either party. Additionally, I/we authorize Nilfisk-Advance, Inc. (and its designee or assignee) to investigate the banks, savings and loan and trade reference listed, and if required by Nilfisk-Advance, Inc. (and its designee or assignee), to perform personal credit investigations on the corporate principals, partners, or proprietor listed above.

Authorization: _____

Date: _____

Authorization: _____

Date: _____