



**DINGO® Compact
Utility Loaders**

Credit Application
Fax to: (800) 215-6799
Phone: (800) 451-7087



P.O. Box 640 • 420 College Drive South
Devils Lake, ND 58301

Complete Legal Name of Business or Sole Proprietor:

Business Structure (please check one)

- ☐ Sole Proprietor ☐ LLC
☐ Partnership ☐ Municipal
☐ Limited Partnership ☐ Non-Profit
☐ "S" Corporation ☐ "C" Corporation

Type of Business: Date Business Started: Years Under Current Ownership: Federal Tax ID# / Social Security#:

Billing Address: City: State: Zip Code: County:

Equipment Address: (if different than above) City: State: Zip Code: County:

Phone Number: Fax Number: Cell Number:

Contact Person: E-Mail:

OWNER INFORMATION:

First: Middle: Last: Suffix Title:

% Owned: Social Security#:

Home Address: City: State: Zip:

First: Middle: Last: Suffix Title:

% Owned: Social Security#:

Home Address: City: State: Zip:

BANK REFERENCE:

Bank name and address: Contact:

Phone #:

Account #: Average Balance:

EQUIPMENT:

Vendor Name: Vendor Contact:

Vendor Phone Number: Vendor Fax Number:

Type of Equipment: (Please include a copy of the equipment order if possible) \$ ☐ 12 ☐ 24 ☐ 36 ☐ 48 ☐ 60
Approximate cost of equipment Term in Months

INSURANCE COMPANY (that will insure above equipment):

Agent Name: Company Name:

Agent Phone Number: Policy Number:

PLEASE READ AND SIGN:

For purposes of obtaining credit, I (We) certify that all the information in this application is true and correct. I (We) authorize, Western Finance & Lease, Inc. (WFL) to confirm all information in this application (which may include obtaining credit reports, contacting references, etc.) either in connection with my (our) initial application for credit, or at any time during the term of the lease/loan. I (We) also grant on-going permission to those references listed above to provide information requested by WFL. I (We) agree to release and waive all claims against WFL and those references listed above for all acts or omissions that occur in verifying the said information.

Customer Identification Program: To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying documents.

Signature: Title: Date:

Signature: Title: Date: