



**Specialized Equipment, LLC**  
*Electro Freeze of Upstate NY*  
 14 Corporate Circle  
 East Syracuse, NY 13057  
 (315) 451-6919 fax: (315) 451-9392  
 E-mail: [sales.support@specializedequip.com](mailto:sales.support@specializedequip.com)  
 Website: [www.specializedequip.com](http://www.specializedequip.com)



# Equipment Financing CREDIT APPLICATION

Rev 2/20

## Lessee

**Company Name:** \_\_\_\_\_  
**DBA:** \_\_\_\_\_ **Fed Tax ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_  
**Landlord Name & Number:** \_\_\_\_\_  
**Business Phone:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

**Business Description:** \_\_\_\_\_

**Time In Business Under Current Ownership:** \_\_\_\_\_

**Type of Business:** ☐ S-Corp ☐ LLC ☐ Proprietorship  
☐ Partnership ☐ Corporation ☐ Non-Profit

## Vendor

**Company Name:** **Specialized Equipment, LLC**  
**Address:** **14 Corporate Circle**  
**City, State & Zip:** **East Syracuse, NY 13057**  
**Telephone:** **(315) 451-6919** **Fax:** **(315) 451-9392**  
**Extension:** \_\_\_\_\_  
**Contact:** **Sandy or Jerry** **715 or 706**  
**e-Mail:** [sales.support@specializedequip.com](mailto:sales.support@specializedequip.com)

## Bank References

**Principal Bank:** \_\_\_\_\_

**Account Numbers:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

## Personal Information on Officers, Partners or Owners

**Name:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Social Security #:** \_\_\_\_\_ **% Ownership:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Social Security #:** \_\_\_\_\_ **% Ownership:** \_\_\_\_\_

## Trade References

Company	Contact	Telephone
Company	Contact	Telephone

## New Equipment to be Financed (Attach equipment schedule if necessary)

**Address of Installation:** \_\_\_\_\_

New/Used	Quantity	Model	Description	Serial Number(s)	Purchase Price (w/o tax)

## Proposed Financing Terms

**Number of Months:** \_\_\_\_\_ **Special Programs:** \_\_\_\_\_ **Purchase Option:** \_\_\_\_\_

\*Does not include sales tax.

Please fax completed application to Specialized  
 Equipment @ 315-451-9392  
 Or email [sales.support@specializedequip.com](mailto:sales.support@specializedequip.com)

I authorize all deposit, borrowing, trade and other financial information to be released to the Financial Institution or Leasing Company for Specialized Equipment, LLC. I hereby represent all information is true, correct and complete. I authorize the funding source designated by Specialized Equipment to (a) provide information about us and the credit experience of funding source with us to others, such as banks and credit reporting agencies, and (b) keep this application, whether or not credit is extended. I acknowledge that, if another individual who is not one of my employees assisted in the preparation of this application, he or she acted as my agent in doing so. Upon request, the Financial Institution or Leasing Company will tell you whether or not a credit report was requested and, if so, the name and address of the credit reporting agency furnishing the credit report.

By signing below and paying to Financial Institution or Leasing Company, a down payment or other amount with respect to any lease or other facility that you are requesting from the funding source, you acknowledge that, if for any reason you do not enter into the lease or credit facility with such funding source, after you are approved by such funding source for such lease or credit facility, such down payment or other amount may be retained by the funding source and you are not entitled to any refund of such down payment or other amount. You acknowledge that such down payment or other amount will compensate such funding source for the cost and expenses of processing your application for such lease or other credit facility.

### ADDENDUM TO CREDIT APPLICATION

I, the undersigned, acknowledge that I am eighteen years of age or older and understand and specifically consent that (1) all information given to SPECIALIZED EQUIPMENT, LLC in this Credit Application will be transmitted to a funding source not affiliated with Specialized Equipment, LLC via the Internet, (2) any such information transmitted via the Internet may be accessible by unintended third parties, (3) any such information is submitted to such funding source at my risk and (4) I waive any right to direct, indirect, consequential, punitive or other damages rising out of or associated with the submission or transmission over the Internet, or the interception, use or misuse relating from such submission or transmission, of this Credit Application or any such information. If I request that a message regarding the status of this Credit Application be transmitted by electronic mail, I expressly authorize you and such funding source and your and its representatives to transmit such message, whether favorable or unfavorable, to the electronic mail address provided by me.

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Specialized Equipment, LLC or its designee (and any assignee or potential assignee thereof funding source) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

A photostat or facsimile copy of this authorization shall be valid as the original.

**Signature:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, DC 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact the applicable funding source set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.