

APPROVAL REQUEST FORM

[PLEASE TYPE OR PRINT CLEARLY]



OFFICE USE ONLY

Date: _____ Eqpt Price: \$: _____

Salesperson: _____

Truck/Eqpt Stock #: _____

1505 S. Central Avenue Marshfield, WI 54449
 1-800-826-2308 (Fax) 715-387-0657
 www.vhtrucks.com d.olson@vhtrucks.com

Full Legal Company Name: _____ Phone # _____ Fax # _____

Mailing Address: _____ Date Business Started: _____

City/State/Zip: _____ County: _____ Years Under Same ownership: _____

Mobile #: _____ E-mail: _____ Website: _____

Equipment Location: _____ Business Nature: _____

Type of Business (Check One): Corporation Partnership Proprietorship Municipality Nonprofit LLC

Any other Business Names Used? If so, please specify: _____

Federal I.D. No.: _____ Date of Incorporation: _____ D&B No.: _____

Downpayment Available: \$ _____ I Prefer a Loan Lease Term: _____

Reason for Truck/Equipment Purchase: _____

OFFICERS/OWNERS/PARTNERS: (Those authorized to sign loan or lease) *Social Security Number Required (spouse also)*

Full Name	Title	% Owned*	Home Address (Street, City, State, Zip)	Soc. Sec. #
Principal #1				
Principal #2				
Principal #3				
Principal #4				

Has any Owner/Officer filed Bankruptcy in the last 10 years? Yes No * = % owned - must total 100% - use 2nd page if necessary.

BANK REFERENCES: (To support time in business, please list previous Bank(s), if applicable.) *Account Number is Required!!*

Bank Name	Phone #	Fax #	Acct. # (List All)	Contact	Type Account

LOANS & LEASES (PAST & PRESENT)

TRADE REFERENCES: (2 MAJOR vendors you pay for products/services that are vital to your daily operations & have a long relationship)

Company Name	Phone #	Fax #	Account #	Contact

I hereby certify that the information in this application is true and accurate to the best of my knowledge and I authorize all parties contacted to release credit & financial information requested by V & H Inc. or their assigns.

I/We understand and agree that you may assign or transfer this credit application and may also communicate the information contained herein to others to decide whether or not to extend credit. I/We authorize the bank and business references, as well as any of my/our lessors, landlords and any other past or present creditors to give any and all necessary information to you, your assignees or transferees, which will assist you in your credit inquiry. This application is given for the purpose of obtaining credit. I/We hereby certify under penalty of law that the foregoing is a true and complete statement of my/our financial condition. In the event of any material change in my/our financial condition, I/We will notify you immediately in writing.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

For Faster Service, Please FAX Back as Soon as Possible to 715-387-0657