



# APPLICATION FOR CREDIT

**EDWARD EHRBAR, INC.**

4 EXECUTIVE PLAZA

YONKERS, NY 10701

FAX: 914-378-4049

PH: 914-738-5100

Please indicate the need(s) that have prompted you to submit this application:  Parts/Service  Rentals  Equipment financing  
Is there a specific pending transaction awaiting this application? Yes  No  If Yes, please give name of Edward Ehrbar, Inc. employee aware of this transaction. \_\_\_\_\_

**(PLEASE FURNISH ALL REQUIRED INFORMATION)**

BUSINESS NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ County \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
(No. Street, City, St., Zip)

Tax Exempt? Yes  No  If Yes, proper exempt certificate must be attached. FED. TAX. I.D. \_\_\_\_\_

Nature or type business: Contractor, Repair Service, Exporter, Waste Handling, Recycling, Other: \_\_\_\_\_

SOLE PROPRIETOR  PARTNERSHIP  CORPORATION YEAR ESTABLISHED \_\_\_\_\_ STATE OF REGISTRATION \_\_\_\_\_

OWNER/PRINCIPAL \_\_\_\_\_ TITLE \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
SOCIAL SECURITY NUMBER(\_\_\_\_\_) - (\_\_\_\_\_) - (\_\_\_\_\_) HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

OWNER/PRINCIPAL \_\_\_\_\_ TITLE \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
SOCIAL SECURITY NUMBER(\_\_\_\_\_) - (\_\_\_\_\_) - (\_\_\_\_\_) HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

**BANK REFERENCES**

**(PLEASE FURNISH ALL REQUIRED INFORMATION)**

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

CHECKING # \_\_\_\_\_  CHECKING # \_\_\_\_\_  SAVINGS # \_\_\_\_\_

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

CHECKING # \_\_\_\_\_  CHECKING # \_\_\_\_\_  SAVINGS # \_\_\_\_\_

**EQUIPMENT FINANCING REFERENCES**

**(PLEASE FURNISH ALL REQUIRED INFORMATION)**

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

**TRADE REFERENCES**

**(PLEASE FURNISH ALL REQUIRED INFORMATION)**

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

Purchase Orders Required?  Yes  No If Yes:  Written  Verbal

A service charge of 1.5% per month will be billed on all balances not paid by the end of the month following purchase. In the event of default on any obligation due to Edward Ehrbar, Inc. I/we agree to pay all collection costs and all reasonable attorney's fees that may be incurred in collecting the outstanding balance due to Edward Ehrbar, Inc. To induce Edward Ehrbar, Inc. to extend credit to the applicant, which would otherwise not be extended the undersigned, in which I/we hold the designated position, personally and individually, jointly and severally guarantee the immediate and prompt payment of any credit extended, and all sums due on the performance of all obligations of both the undersigned and the above mentioned names. I/We hereby authorize and direct the above references to furnish and release to Edward Ehrbar, Inc. and any assignee or potential assignee, full and complete information regarding our past and present credit experience.

**AUTHORIZATION TO OBTAIN CONSUMER AND/OR BUSINESS CREDIT REPORTS**

By signing below, the undersigned individual(s), who is/are either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Edward Ehrbar, Inc. and any assignee or potential assignee to obtain a consumer and/or business 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. A photostat or facsimile copy of this authorization shall be valid as the original. I/We affirm my/our identity as the respective individuals identified in the above application. I/We acknowledge that I/we have read and agree to abide by all terms stated herein.

Owner/Principal \_\_\_\_\_ Title \_\_\_\_\_  
Please Print Signature Date

Owner/Principal \_\_\_\_\_ Title \_\_\_\_\_  
Please Print Signature Date