



OFFICE: 8609 W. BRYN MAWR, SUITE 208, CHICAGO, IL 60631 WAREHOUSE: 4130 S. WABASH, CHICAGO, IL 60653
 SALES@LOEBEQUIPMENT.COM 800-560-LOEB (5632) 773-548-4131
YOUR TRUSTED RESOURCE FOR EQUIPMENT SOLUTIONS SINCE 1880

EQUIPMENT CREDIT APPLICATION

APPLICANT INFORMATION

Applicant 1 Name		Applicant 2 Name	
Legal Company Name		Fed Tax ID	
DBA		State of Incorporation	
Company Address	City	State	Zip
URL	Telephone	Fax	
Type of Business		No. of Years in Business	

BANK REFERENCES

Name of Bank / Location			How Long?
Checking Acct. #	Routing #	Contact	Telephone
Name of Bank / Location			How Long?
Checking Acct. #	Routing #	Contact	Telephone

EQUIPMENT *(Please send purchase order with this application)*

Loeb #	Description
Loeb #	Description

I authorize all deposits, borrowing and trade information to be released to LOEB. All of the information presented above is true, correct and complete. Submission of fraudulent or deliberately misleading will cause all deposits to be converted to earned fees. A photo/fax of this authorization shall be valid as the original.

Signature	Date
Printed Name	Title
Email Address	Phone Number

PERSONAL INFORMATION *(Owners, Partners or Officers)*

Applicant 1 Name	Title	Social Security #	Ownership %
Home Address	City	State	Zip
Home Phone #	Email		
Applicant 2 Name	Title	Social Security #	Ownership %
Home Address	City	State	Zip
Home Phone #	Email		



OFFICE: 8609 W. BRYN MAWR, SUITE 208, CHICAGO, IL 60631 WAREHOUSE: 4130 S. WABASH, CHICAGO, IL 60653
 SALES@LOEBEQUIPMENT.COM 800-560-LOEB (5632) 773-548-4131
YOUR TRUSTED RESOURCE FOR EQUIPMENT SOLUTIONS SINCE 1880

TRADE REFERENCES (3 Business Credit References)

Name of Supplier	Account #	Contact	Telephone
Name of Supplier	Account #	Contact	Telephone
Name of Supplier	Account #	Contact	Telephone

By signing below, the undersigned individual, who is either principal of the credit applicant, or a personal guarantor of its obligations, provides written instruction to Lessor or its designee 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 for reviewing or collecting the resulting account. Lessor may disclose all of the information we collect, as described above, to other financial/leasing institutions with which we may have a joint agreement if not approved by Loeb. A photo/fax copy of this authorization shall be valid as the original. By Signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Signature	Date
Printed Name	
Title	

Signature	Date
Printed Name	
Title	

Upon completion of this form, please Email this to accounting@loebequipment.com ATTN: Accounting Department.

