



Hull
Machine Tools, Inc.
 Proudly Serving Industry

We'll work with you !

PLEASE "CHECK" ONE

APPLICATION

FINANCING

for LEASE

LEASE-PURCHASE

DEALER Hull Machine Tools, Inc. Phone No. (405) 381 - 4100 Fax No. (405) 381 - 4129

Address PO Box 891087 – Oklahoma City, OK 73189-1087 Dealer Contact Harold Hull
 City State Zip

CUSTOMER _____ Phone No. (_____) _____

Address _____
 Street City State Zip

Owner(s) _____ US Citizen? Yes ___ No ___ Social Sec. No. _____

_____ US Citizen? Yes ___ No ___ Social Sec. No. _____

Nearest Relative not living with you _____ Phone No. (_____) _____

Nature of Business _____ Years in Business ___ Federal ID No. _____

Corporation ___ (State of Incorporation _____) Proprietorship ___ Partnership ___

EQUIPMENT DESCRIPTION

New ___ Used ___ Equipment Description (mfr., model, etc.) _____
 Purchase Price (not including Tax) \$ _____ Length of "Term" desired _____ (in months)
 For Leases: Is a "Purchase Option" desired? ___ If yes, please "check" one: \$ 1.00 ___ or 10% ___

CREDIT LIFE & DISABILITY INSURANCE OPTIONS

___ **NO**, I do not want credit life & disability insurance coverage for my financing / leasing obligation.

___ **YES**, I want credit life insurance coverage for the person(s) named above as "Customer" & I also want credit disability insurance coverage for the person whose name appears first as "Customer" on this application. The credit insurance coverage will only go into effect if this lease application is approved by _____ and the age and health of the applicant(s) qualify for the insurance. **CREDIT LIFE INSURANCE, CREDIT DISABILITY INSURANCE AND CREDIT INVOLUNTARY UNEMPLOYMENT INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT.**

****YOU MAY BUY INSURANCE FROM ANYONE YOU CHOOSE OR YOU MAY USE EXISTING INSURANCE.**

TRADE REFERENCES

Name: _____ Name: _____ Name: _____
 City/State: _____ City/State: _____ City/State: _____
 Ph: (_____) _____ Ph: (_____) _____ Ph: (_____) _____

BANK REFERENCE / RELEASE FORM

Bank _____ Attention _____
 Address _____ City _____ State _____ Zip _____
 Ph # _____ Fax # _____ Customer Name _____
 Account Number(s) # _____ # _____ # _____

Hull Machine Tools, Inc., or it's agent, will be requesting information by telephone or fax, etc. on all accounts maintained at your bank. Please accept this release as authorization to provide the requested information.

Please sign here _____ **Date** ____ / ____ / ____

WHEN COMPLETED, PLEASE "FAX" THIS FORM TO (405) 381 – 4129 – THANK YOU