



# SPECIAL SCHOOL LEASING APPLICATION



# Scotchman

## SCOTCHMAN EQUIPMENT LEASING APPLICATION

Please send completed application to: Scotchman Industries, Inc., P.O. Box 850, Philip, South Dakota 57567 or Fax: (605) 859-2499 or Email: scleasing@scotchman.com

### LESSEE INFORMATION

COMPANY NAME (FULL LEGAL NAME) \_\_\_\_\_  
 DBA NAME \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_  
 BILLING ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ COUNTY \_\_\_\_\_  
 CHECK ONE:  PROPRIETORSHIP  PARTNERSHIP  CORPORATION  LLC  OTHER  
 STATE OF ORGANIZATION \_\_\_\_\_ STATE I.D.# \_\_\_\_\_ FEDERAL I.D.# \_\_\_\_\_

### DEALER INFORMATION

DEALER NAME Hull Machine Tools, Inc. DEALER PHONE 405-381-4100  
 ADDRESS PO Box 891087 CITY/STATE Oklahoma City, OK ZIP 73189-1087  
 SALESMAN Harold J. Hull CELL # 405-245-0764 EMAIL sales@hullmachinetools.com

### EQUIPMENT INFORMATION

TERMS OF LEASE: # OF YEARS \_\_\_\_\_ MULTIPLIER \_\_\_\_\_ SALES TAX% \_\_\_\_\_  
 EQUIPMENT LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_  
 QUANTITY \_\_\_\_\_ DESCRIPTION (MAKE, MODEL, ATTACHMENTS) \_\_\_\_\_ UNIT COST \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ TITLE \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
 NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ TITLE \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### TRADE/CREDIT REFERENCES (Minimum Two Year History)

STEEL SUPPLIER \_\_\_\_\_ PHONE NO. \_\_\_\_\_ CONTACT \_\_\_\_\_  
 SUPPLIER NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ CONTACT \_\_\_\_\_  
 SUPPLIER NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ CONTACT \_\_\_\_\_

### BANK REFERENCE (Minimum Two Year History)

BANK NAME \_\_\_\_\_ CITY/STATE \_\_\_\_\_ CONTACT \_\_\_\_\_  
 PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ CHECKING ACC'T NO. \_\_\_\_\_

### AUTHORIZATION TO RELEASE CREDIT INFORMATION

We hereby authorize Scotchman Industries, or any lending institution working on Scotchman's behalf, to investigate my/our financial responsibility and credit worthiness. This is my/our authorization for the herein references to release any information requested as part of Scotchman's normal credit procedures.

AUTHORIZED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 COMPANY NAME AUTHORIZED SIGNATURE TITLE  
 \_\_\_\_\_  
 AUTHORIZED CO-SIGNATURE TITLE