



AXIS Capital, Inc.
Equipment Leasing

CREDIT APPLICATION

PHONE: 800-994-0016
 FAX: 308-398-4141

→ **ATTN: PETER EBERLE**

Business Information				
Company Name		d/b/a		
Address	City	State	County	Zip
Phone	Fax	Date Business Established		
Equipment Location Address		Federal I.D. #		
Business Structure: CORPORATION [] PARTNERSHIP [] PROPRIETORSHIP [] LLC [X]				

Personal Information				
(Owner / Officer) #1		Title		
Home Address	City	State	Zip	Phone
Social Security Number	100% % Ownership	E-mail		
(Owner / Officer) #2		Title		
Home Address	City	State	Zip	Phone
Social Security Number	% Ownership	E-mail		

Bank Reference			
Bank Name	Account No.	Contact	Phone No.
Trade Reference			
Supplier Name	Account No.	Contact	Phone No.

Vendor Information	
Vendor	Contact Phone
Equipment Description	Equipment Cost

The undersigned (1) authorizes AXIS Capital, Inc., its heirs & assigns to obtain a personal report on all principals & guarantors for credit purposes, & (2) authorizes the release to AXIS Capital, Inc. of all credit information it may request, including business & personal banking, mortgage, landlord, trade & lease information.

Signature: _____ Title: _____ Date: _____