



A Program of De Lage Landen Financial Services

**Credit Application**

Fax Completed Application to: (866) 287-1176

For Inquiries, Call: (800) 377-7262

Visit us at [www.manitowocfsg.com/finance](http://www.manitowocfsg.com/finance)

**THIS SECTION TO BE COMPLETED BY THE SUPPLIER (SELLER)**

**SUPPLIER (SELLER) INFORMATION**

Supplier (Seller)			Contact	
Address			Phone	Fax
City	State	Zip Code	*E-mail	
Supplier Type <input type="checkbox"/> Manitowoc Foodservice Distributor <input type="checkbox"/> Manitowoc Foodservice Dealer <input type="checkbox"/> Service Contractor <input type="checkbox"/> Other _____				

\*Email address is required. Manitowoc Finance will notify Supplier of the credit decision via email.

**EQUIPMENT/TRANSACTION DETAILS**

Qty	Make	Model	Description	Price

Check if attaching supplier's quote/invoice (Preferred) in lieu of outlining above

**PRICING SUMMARY**

Category	Amount
Manitowoc Product	\$ _____
Non-Manitowoc	\$ _____
Installation	\$ _____
Freight	\$ _____
Sales Tax	\$ _____
Down Pmt	\$ ( _____ )
<b>Total Financed</b>	<b>\$ _____</b>

**REQUESTED FINANCE STRUCTURE DETAILS**

*Requested Structure/Promo	Term (in Months) <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> Other _____	Monthly Payment (if known) \$ _____	# of Advance Payments	**One-time Doc Processing Fee \$125
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\*If applying for a Manitowoc Finance promotion, rate, structure, etc., please specify here.

\*\*A one-time Documentation/Processing fee is collected upfront with each financed transaction.

**THIS SECTION TO BE COMPLETED BY THE APPLICANT**

**APPLICANT INFORMATION**

Full Legal Name of Company			Contact	
DBA (if any)			Phone	
Address			Fax	
City	State	Zip Code	E-mail	
Years in Business	Website		Federal Tax ID#	
Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other			Industry of Business	

**PRINCIPAL INFORMATION**

Owner/Officer	Title	Owner/Officer (if more than one)	Title
Social Security #	Date of Birth	Social Security #	Date of Birth
Address	% Ownership	Address	% Ownership
City	State   Zip Code	City	State   Zip Code

Note: Additional information may be requested depending on transaction size and credit history of Applicant.

You, the "Applicant" (which term includes the business entity as well as the undersigned individual(s)), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. De Lage Landen Financial Services, Inc. and/or its assigns ("Lender"), or its designees, is authorized to obtain information from others concerning Applicant's credit and trade standing and other relevant information impacting this Application and provide to others information about its transaction and experiences with Applicant. Lender may obtain credit reports, including consumer credit reports, in connection with the Application, at Applicant's request, will tell Applicant whether a credit report was obtained and, if so, the name and address of the reporting agency which provided it. Provided credit is granted, Lender may, without further notice to Applicant, use or request subsequent credit bureau reports (1) to update Lender's information, (2) in connection with a renewal or extension, and/or (3) in connection with Applicant's request for additional services. Applicant agrees that Lender may get or share credit information with its agents, assignees, and its designees, regarding the Applicant, Guarantor(s) or Applicant's owners in considering the Applicant's Application. Except as otherwise prohibited by law, Applicant agrees and consents that Lender may share with affiliates and others all information about Applicant that Lender has or may obtain for, among other things, the purpose of evaluating credit applications or offering Applicant products or services that Lender believes may be of interest to Applicant. Applicant represents that it has reviewed this document and the information herein is true, correct and complete.

THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT LENDER'S ECOA COMPLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF AN ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO 1111 OLD EAGLE SCHOOL ROAD, WAYNE, PA 19087. WHEN CONTACTING THE DEPARTMENT, PLEASE BE SURE TO REFERENCE THE APPLICATION NUMBER ON THE LETTER. LENDER WILL PROVIDE APPLICANT WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER LENDER HAS RECEIVED APPLICANT'S REQUEST. NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY CREDIT ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATURAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING LENDER IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580. APPLICANT HEREBY AUTHORIZES LENDER OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY LENDER TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM APPLICANT OR FROM ANY OTHER PERSON PERTAINING TO APPLICANT'S CREDIT AND FINANCIAL RESPONSIBILITY.

EACH OF THE UNDERSIGNED IS APPLYING FOR JOINT CREDIT.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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