



FINANCE APPLICATION

DEALER INFORMATION

Dealer: Kaz Equipment	Phone: 860-761-0381
Address: 187 South Satellite Road South Windsor, CT 06074	Dealer Contact:

BUSINESS INFORMATION

Company Name:		Federal ID #:	
Phone:	Fax:	Cell:	E-mail:
Bus. Physical Address: (No P.O. Boxes)		Bus. Billing Address:	
City, State, ZIP:		City, State, Zip:	
Nature of Bus:	Years in Bus:	Annual Sales:	No. of Employees:
Sole Proprietorship:	Partnership:	LLC:	Corporation: Other:

PERSONAL INFORMATION (PLEASE PROVIDE COPIES OF DRIVERS LICENSES W/APPLICATION)

Owner Legal Name: (First/MI/Last)		Phone:	
Home Address: (No P.O. Boxes)		City:	State: ZIP Code:
Social Security #:	Date of Birth:	US Citizen? Yes / No	
Owner Legal Name: (First/MI/Last)		Phone:	
Home Address: (No P.O. Boxes)		City:	State: ZIP Code:
Social Security #:	Date of Birth:	US Citizen? Yes / No	

If more owners, please include their information on a separate sheet.

BANK REFERENCE

Primary Bank:	Contact:	Phone:	City, State:
Customer Name:	Account # (s):		

TRADE REFERENCES

Trade Name:	City, State:	Phone:
Trade Name:	City, State:	Phone:

EQUIPMENT

Equipment Description - Year, Make, Model:		New or Used
Cost (w/o Tax) \$	Term:	Purchase Option:
Advance Payments:	Replacement? Yes / No	Additional? Yes / No

SIGNATURES

Stearns Bank NA and/or its affiliates will be requesting information on all accounts maintained at your bank. Please accept this release as authorization to provide the requested information. Stearns Bank NA and/or its affiliates reserve the right to pull a credit bureau on all parties identified as owners on the application.

<input checked="" type="checkbox"/> Signature	Date	<input checked="" type="checkbox"/> Signature	Date
---	------	---	------