



JX Financial, Inc
P.O. Box 5
Waukesha, WI 53187
800-448-2262 phone, 262-574-9945 fax

Credit Application
Equipment Lease or Loan

DATE _____ FED TAX ID# _____

CUSTOMER (exact legal name) _____

ADDRESS (mailing) _____

CITY _____ ST _____ ZIP _____ COUNTY _____

BUS PHONE # _____ FAX # _____

COMPANY WEBSITE ADDRESS _____

CONTACT PERSON _____ TITLE _____

CONTACT EMAIL ADDRESS _____ CELL PHONE # _____

TYPE OF BUSINESS ORGANIZATION (include STATE* * where organized):
C CORP _____ SUB S CORP _____ LLC OR LLP _____ SOLE PROP _____ *(State: _____)

YEAR BUSINESS ESTABLISHED _____ CURRENT OWNERSHIP IN PLACE SINCE _____

PART OF HOLDING COMPANY, OR OTHER AFFILIATE(S)? _____ FISCAL YEAR END _____
If so, please note _____

APPROX ANNUAL SALES _____

PRIMARY BUSINESS BANKING RELATIONSHIP:

Bank Name _____ Phone Number _____

Location _____ Contact Person _____

TYPE OF ACCOUNTS:

Depository _____ Term Loans _____ Operating Line of Credit _____ Real Estate _____

Any current or prior relationship with JX Financial? _____

EQUIPMENT TERM LOANS OR LEASES PRESENTLY WITH:

1.) Company _____ Phone Number _____
Contact Person _____ Type of Equipment _____
Approx Balance Owed _____ Approx Monthly Payment _____

2.) Company _____ Phone Number _____
Contact Person _____ Type of Equipment _____
Approx Balance Owed _____ Approx Monthly Payment _____

3.) Company _____ Phone Number _____
Contact Person _____ Type of Equipment _____
Approx Balance Owed _____ Approx Monthly Payment _____

IS THERE ANY LITIGATION, JUDGEMENT, SUIT, AND/OR BANKRUPTCY AGAINST EITHER THE APPLICANT,
ANY OF ITS OWNERS/PRINCIPALS, OR ANY OF ITS AFFILIATES? YES _____ NO _____

If yes, please explain _____

HAUL REFERENCES (TWO MAIN HAULS REQUIRED IF YOU HAVE YOUR OWN AUTHORITY)

Are there customer revenue concentrations over 20%? _____
Accounts Receivable Aging Analysis Report available? _____ (if so, please attach most recent report)

THIS EQUIPMENT ACQUISITION:

Description of equipment _____

Replacement _____, or Additional _____

Reason(s) for this replacement or expansion _____

CURRENT EQUIPMENT OWNED/LEASED

Physical location / address of equipment (if different than application address)

City _____ County _____ ST _____ Zip _____
Is property owned _____ or leased _____?

PRINCIPALS OF COMPANY:

1.) Name _____ Officer Title _____ % Ownership _____
Home Address _____
Home Phone Number _____ SS# _____

2.) Name _____ Officer Title _____ % Ownership _____
Home Address _____
Home Phone Number _____ SS# _____

3.) Name _____ Officer Title _____ % Ownership _____
Home Address _____
Home Phone Number _____ SS# _____

4.) Name _____ Officer Title _____ % Ownership _____
Home Address _____
Home Phone Number _____ SS# _____

I certify that the information stated above is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You and/or your assigns are authorized to check my credit and employment history, obtain insurance information, and answer questions about your credit experience with me. I authorize you to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request.

Applicant Name _____ Signature _____ Title _____