



*When Performance Matters.*TM

Confidential Credit Application

(Please print or type if faxing or submitting by mail)
Please complete ALL areas on the Application

Company and Contact Information: (This application is for U.S. entities and residents only.)

Business Legal Name:		Contact Name & Title:	Email Address of Contact:
Office Phone: () -		Cell Phone if applicable: () -	Fax: () -
Company Address:		City State Zip Code	County

Billing Address: (if different from above)

Address of Equipment Location: County

Legal Entity (Check One)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Municipality	<input type="checkbox"/> Sub S	<input type="checkbox"/> Proprietorship
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Have you ever previously financed with Textron Financial Corporation? <input type="checkbox"/> Yes, if so Account Number _____ <input type="checkbox"/> No	Exempt from Sales/Use Tax <input type="checkbox"/> Yes (attach copy of sales exemption certificate) <input type="checkbox"/> If No; please provide sales tax rate for equipment location	State of Incorporation: _____
		Date of Incorporation: _____
		Federal Tax ID #: _____

Years in Operation:	Years under Current Owners :	# of Members if Golf Club:
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Principals/Partners/Owners:

Name:	% Owned	Home Address:	Social Security Number:

Parent Company Name (if subsidiary):	Parent Address:
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