



**CALDWELL  
MACHINE TOOL  
LEASING**

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**CA MACHINE TOOLS  
CREDIT APPLICATION**

Company Name \_\_\_\_\_ Organized as:  Sole Proprietorship (*Copy of Drivers License Required*)  
 Billing Address \_\_\_\_\_  Partnership  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Standard Corporation  
 County \_\_\_\_\_  Sub Chapter S Corporation  
 Contact Person \_\_\_\_\_  Limited Liability Corporation (*Copy of Articles  
of Organization and LLC Agreement Required*)  
 Phone Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_ If Corporation, when does fiscal year end? \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Name of Corporate Secretary: \_\_\_\_\_  
 Equipment Address same as Billing Address above? Yes  No  If different from above, please provide: \_\_\_\_\_

**OWNER INFORMATION: (If more than two owners, please submit the additional owner information on a blank piece of paper)**

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Address \_\_\_\_\_  
 SSN: \_\_\_\_\_ % of Ownership: \_\_\_\_\_ SSN: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
 Title \_\_\_\_\_ Title \_\_\_\_\_

**BANK AND EQUIPMENT LENDER INFORMATION:**

| Name of Bank / Name of Lender | Checking | Loan     | Phone Number | Contact Person | Monthly |
|-------------------------------|----------|----------|--------------|----------------|---------|
|                               | Account# | Account# |              |                | Payment |
|                               |          |          |              |                |         |
|                               |          |          |              |                |         |

**TRADE REFERENCES: (Material Suppliers, Tooling Suppliers, etc.)**

| Name of Reference | Account# | Phone Number | Person to Contact |
|-------------------|----------|--------------|-------------------|
|                   |          |              |                   |
|                   |          |              |                   |

**CUSTOMER REFERENCES:**

| Name of Reference | Phone Number | Person to Contact | Customer for How Many Years? |
|-------------------|--------------|-------------------|------------------------------|
|                   |              |                   |                              |
|                   |              |                   |                              |

Landlord's Name, Address, Phone#: \_\_\_\_\_

(Equipment financed must be insured during the term of the lease/loan)

Commercial Insurance Agent's Name, Address, Phone#: \_\_\_\_\_

How long have you been in business? \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

Annual Sales: \_\_\_\_\_

Backlog of Orders Currently In-house (in dollar value): \_\_\_\_\_

**TYPE OF EQUIPMENT BEING PURCHASED:** Builder and Model#: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Type of Financing Requested: Lease  Loan

How much of a down payment would you like to provide? \_\_\_\_\_

By my signature below, I hereby authorize any of the above references to release any credit information requested by CA Machine Tools and its Agents/Assigns or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau.

Date: \_\_\_\_\_ Signed By: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signed By: \_\_\_\_\_ Title: \_\_\_\_\_