## The below application is for financing equipment from SupplyDen through a third-

party partner (NEL Financial, LLC.)

## **Credit Application**

ontact: Cliff	Email: CBolhouse@NELinc.cor	on Office: (800) 589-3336	Cell: (616) 446-1199
Name of Com	pany:		
Address (Stre	eet, City, State, ZIP):	Tax ID#:	
Equipment Lo	ocation (Street, City, State, ZIP):	Phone Number:	
Type of Busin	ness Product: County:	Cell Phone Num	ber:
Year Started:	Email Addre	ess:	
☐ Date of Pro	oprietorship:   □ Date of Partnersh	ip/LLP: □ Date of Incorp./LLC:	State:
SUPPLIER	AND EQUIPMENT DESCRIPTION	(Attach an invoice or quotation if available)	
Supplier:		Finance Term (mo)	):
Dhama	Contrat	Equipment Cost:	
Phone:	Contact:	Down Payment:	
Equipment Do	escription:	Total Cost:	
INCUIDANC			
Insurance Co		equired in accordance with finance agreement(s)  Phone Number:	:
Applicant:	Social Security No.:	Home Address, City, State and ZI	P:
Co-Applicant	:		
report on	dersigned consents to and authorizes Less n the undersigned. Lessor will use the repo n, Proprietor(s), and/or guarantor(s) as con	ort to evaluate the creditworthiness of the	undersigned as
Applicant Sig	gnature:	Co-Applicant Signature:	
X		X	