

iGage Credit Application

Submit Completed Apps To: FAX - (800) 288-4959 Email - applications@firstwesternef.com

Legal Business Name:									Business	Phone Number:	
Business Address:			City:			State:		Zip Code:			
Bill To Address: (Leave Blank If Same As Above)			City:		State:		Zip Code:				
Ship to Address: (Leave Blank If Same As Above)				City:			State:		Zip Code	Zip Code:	
Structure of Business: Corporation (State of:) Partnership Propriet Contact Name:								Government Years in Bu Curren Title/Position:		ess Under Dwnership:	
Contact Phone Number: Cell Phone/Alt.P				Phone: Email Address			dress:				
				1				1			
Nature of Business:			Fed. ID.#:				Fax Number:				
Customer's Personal In	formation: (exac	t leg <u>al r</u>	name re	quired)							
I.Owner's Legal Name:			Home Address:				City:				
State:			Zip:			Social Security #			% Ownership:		
2.Owner's Legal Name:			Home A	ddress:				City:			
State:			Zip:			Social Security #			% Ownership:		
Equipment:											
Equipment Description (Please	e Attach Invoice if Available)	:									
Equipment Type (9 "A ck YfzHft	J]YfžDck Yf 9ei]da YbhžYhV	Y:									
*If you are sales/use tax exen	npt, please include y	our tax e	xemption	certificate	with the signed cre	dit applica	ation.				
*Total equipment cost over S	\$100,000 requires la	st two yea	rs of busi	ness financ	ial statements and o	current int	terim stat	ement			
Finance Program:								1			
Program:	ogram: Term: Advance Payment			ctor:	Equipment Cost:			Purchase Options: \$1 Lease EFA 10% P.O.			
Vendor Contact Inform Vendor Business Name:	ation: (For Mult	iple Ven	dor Dea	uls) Pleas	se Provide (All) Web. Address:	Equipme	ent Quo	tes With	Signed Applicat		
Vendor Address:				City:			State:			Zip:	
Vendor Address: Sales Rep. Name:				o. Phone N	lumber:		State:	Sales Rep). E-mail Address or		
Sales Rep. Name:	l by First Wester	rn Equip		o. Phone N	lumber:		State:	Sales Rep			
Sales Rep. Name: Financing Administered	/estern nent Finance ade Simple.	1		p. Phone N nance: Jay H Busin First \ Tel: (8		r nt Financ	ce	Vicki Jen Account First Wes Tel: (888)	o. E-mail Address or	FAX:	
Sales Rep. Name: Financing Administered Financing First W Financing Ma Authorization & Owner	/estern nent Finance ade Simple. r(s) Signature(s):		oment Fi	D. Phone N Jay H Busin First \ Tel: (8 jay.ha	agen ess Dev. Manage Vestern Equipme 366) 603-9247 Igen@firstwesterr	r nt Financ nef.com	:e	Vicki Jen Account First Wes Tel: (888) vicki.jenn	o. E-mail Address or niges Manager stern Equipment F) 705-0586 iges@firstwesteri	FAX: inance nef.com	
Sales Rep. Name: Financing Administered	/estern nent Finance ade Simple. (s) Signature(s): t Finance to review my credit	to qualify for t	b ment F	D. Phone N Jay H Busin First \ Tel: (8 jay.ha	agen ess Dev. Manage Western Equipme 366) 603-9247 1gen@firstwesterr application against any credit (r nt Financ nef.com	Ce	Vicki Jen Account First Wes Tel: (888 vicki.jenn w any and all in	o. E-mail Address or niges Manager stern Equipment F) 705-0586 iges@firstwestern	FAX: Finance nef.com	
Sales Rep. Name: Financing Administered Financing Comparison Financing Comparison Fi	/estern nent Finance ade Simple. (s) Signature(s): t Finance to review my credit	to qualify for t outside of cre	ment Fi	D. Phone N Jay H Busin First V Tel: (8 jay.ha quested in this : gencies. 1 (we)	agen ess Dev. Manage Nestern Equipme 366) 603-9247 1gen@firstwesterr application against any credit r certify that the above informat	r nt Financ nef.com reporting burea tion is complete	:e u/agency; revie and correct a Da	Vicki Jen Account First Wes Tel: (888) vicki.jenn w any and all in d the equipme	o. E-mail Address or niges Manager stern Equipment F) 705-0586 iges@firstwestern	FAX: Finance hef.com sed in this application; information will created and not consumer use.	