



OK Champion

(800) 431-9192 • Direct Line: (530) 587-7381 • FAX (219) 933-0120

hreed@okchampion.com • www.okchampion.com

OK Champion
4714 Sheffield Avenue
Hammond, Indiana 46325
P.O. BOX 585

CREDIT APPLICATION FOR EQUIPMENT PURCHASE

Sales Rep. _____ Date Taken _____ Date Requested Financial _____

BUSINESS INFORMATION

Business Name:		Telephone:	
Business Address:	County:	Years in Business:	Federal ID No.:
Type of Business:		Contact:	
Location of Equipment:	Proprietorship: _____	Partnership: _____	Corporation: _____
Insurance Co.:	Telephone:	Address:	

OWNERSHIP

Principal/Officer:	Home Address:	Soc. Sec. No.:	Phone:	Own: _____	Rent: _____
		Title:	% Owned:	Mortgage Co.:	
Principal/Officer:	Home Address:	Soc. Sec. No.:	Phone:	Own: _____	Rent: _____
		Title:	% Owned:	Mortgage Co.:	

BANK REFERENCES

Bank Name	Location	Phone	Account No.	Contact	Type of Account
					Cking _____ Swing _____ Loan _____ Other _____
					Cking _____ Swing _____ Loan _____ Other _____

TRADE REFERENCES

Name	Telephone	Contact	Address

EQUIPMENT & SUPPLIER INFORMATION

Vendor Name:	Telephone:	Cost: Approx.
Address:	Contact:	Sales Tax:
	Plan: _____ Term: _____	Total Cost:

Equipment: _____

I (We) authorize OK Champion and/or its assigns and designees to investigate all credit information, including but not limited to consumer credit reports, bank and trade references and account information for purposes of processing this lease credit application. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. Further, I (We) authorize the transmission of this information via the internet to "secured" sites only. All principals hereto agree that a fax copy of this application may be treated as and considered the same as an original, including the signature(s) below. Regulation B provides you the right to obtain a written statement of the specific reasons for adverse credit decisions. To obtain such statement, please contact us in writing within sixty (60) days from the date you are notified of our decision. We will provide our written response within thirty (30) days thereafter.

Authorized signature: _____ Title: _____ Date: _____
 Authorized signature: _____ Title: _____ Date: _____
 Authorized signature: _____ Title: _____ Date: _____

Note: Credit application processed by Security Leasing Services, Inc., which is a third party financial corporation used by, but not a part of, OK Champion Corporation.