

ENTITY INFORMATION									
Entity Name*									
Entity Type* (please check one) State County Municipal Other:									
Date Founded*					Federal Tax ID #				
Billing Address*				City*		State*		Zip Code*	County or Parish*
Equipment Address (if different from above)				City		State		Zip Code	County or Parish
Exempt from Sales Tax		Yes	No	If yes, enter Sales Tax Exempt #					
Exempt from Personal Property Tax		Yes	No	Is your revenue less than \$50 Million?			Yes	No	
Contact*			Email				WEF Customer Number (if current customer)		
Phone Number*			Cell Number*			Fax Number			
AUTHORIZED SIGNOR INFORMATION									
First Name*				Last Name*				Suffix (i.e. Jr, Sr, II, III)	
Title*			Phone Number			Email			
EQUIPMENT INFORMATION									
Vendor Name			Contact			Phone Number		Requested Term (in months)	
Type of Equipment (please be as specific as possible or include a copy of the quote or invoice)*									
Year	Make		Model		Description			New Used	Additional Equipment Replacement Equipment
Equipment Cost*		Amount of Trade-In*		Amount Owed on Trade-In*		Cash Down Payment*		Amount to be Financed*	
Purpose of Use*								Essential Use?*	
								Yes	No
Anticipated Equipment Order Date					Anticipated Delivery Date				
TERMS AND CONDITIONS									
<p>For purposes of obtaining credit, I (We) certify that all of the information in this application is true and correct. I (We) authorize Western Equipment Finance (Western), a division of Western State Bank, and/or its designees to confirm all information in this application (which may include obtaining credit reports, contacting references, etc.) either in connection with my (our) initial application for credit, or at any time during the term of the lease/finance agreement. I (We) agree to release and waive all claims against Western and those references listed above for all acts or omissions that occur in verifying the same information.</p> <p>Customer Identification Program: To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying documents.</p>									

Signature _____ Title _____ Date _____

*Denotes required field