



# TIME SALES APPLICATION

Anderson Equipment Company (NY), Inc.  
 2140 Military Road  
 Tonawanda, NY 14150  
 Phone (716) 877-1992  
 Fax (716) 877-1581  
 www.andersonequip.com

Company Information			
Corporation or Business Name:			Federal ID#:
DBA or Trade Name (If Different From Above):			State of Organization:
Billing Address:	Street/PO Box	City	State Zip Code
State Organization ID #:			
Physical Address:	Street/PO Box	City	State Zip Code
D&B Number:			
Business Phone:	Mobile Phone:	Fax Number:	Nature of Business: Is your firm a Rental House? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Structure:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Individual <input type="checkbox"/> Government <input type="checkbox"/> Other	Name of Owner or President:	
Date Company Established:	Current Ownership Since:	Company's Estimated Annual Revenue:	
Bankruptcy Ever Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date filed:	Are there any outstanding liens or judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dollar amount: \$		
Transaction Information			
Equipment Description (Make, Model, Serial Number, Year)			New or Used?
Equipment Description (Make, Model, Serial Number, Year)			New or Used?
Trade-In Equipment Description (Make, Model, Serial Number, Year)			
Sale Price:		Term (Months):	
Less Rentals Applied:		Skips (Specify Months)	
Less Trade-In Value:		Other Transactional Requests:	
Less Down Payment:			
Add Sales Tax:			
Add Fees:			
Balance – Amount to Finance:			
Bank References			
Name of Bank	Phone/Fax Number	Checking Account #	Loan #
1)			
2)			
Equipment Financing (Complete If You Have Financed Equipment Within Last 24 Months)			
Equipment Financing Company	Phone/Fax Number	Account #/Loan #	
1)			
2)			



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Trade References		
Supplier	Phone/Fax Number	Product Supplied
1)		
2)		

  

Insurance Information		
Insurance Company Name	Phone/Fax Number	Agent's Name

Business Credit Release and Acknowledgement	
<p>Applicant hereby authorizes Anderson Equipment Company (NY), Inc., its affiliates or its assignee(s) to obtain information from any source including credit reporting agencies and hereby authorizes the above named bank(s), financial institutions(s) or trade references(s) to release such information as necessary to establish credit, financing or leasing arrangements with the above mentioned parties. The undersigned hereby represents that all information contained in this Credit Application is true, correct and complete. A Photostat, digitized or facsimile copy of this authorization shall be valid as the original.</p>	
Print Name: _____	Title: _____
Signature of Authorized Representative: _____	Date: _____

Personal Information on Owners/Principals			
Complete if Applicant's Business Structure is a Partnership, LLC/LLP/LP, Individual or as requested by Anderson's Credit Department			
1) Principal's Name (Print)	Date of Birth	Home Phone	Social Security #:
Home Address: _____	Street/PO Box _____	City _____	State _____ Zip Code _____ % Owned _____
2) Principal's Name (Print)	Date of Birth	Home Phone	Social Security #:
Home Address: _____	Street/PO Box _____	City _____	State _____ Zip Code _____ % Owned _____
<p>By signing below, the Applicant(s) hereby authorizes Anderson Equipment Company (NY), Inc., its affiliates or its assignee(s) to obtain and review personal credit information from any source including credit reporting agencies. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of updating, renewing or extending such credit or additional credit and for reviewing or collecting the resulting account. A Photostat, digitized or facsimile copy of this authorization shall be valid as the original. I/we affirm my/our identity as the respective individuals identified in the above application.</p>			
1) Principal Signature:: _____	Title: _____	Date: _____	
2) Principal Signature:: _____	Title: _____	Date: _____	