

INDIVIDUAL CREDIT PROFILE AUTHORIZATION

Anderson Equipment Company PO Box 339 / 1000 Washington Pike Bridgeville, PA 15017 Phone: (412) 343-2300 Fax: (412) 504-4254

www.andersonequip.com

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.

Principal's Name		Date of Birth:	Home Phone #:	Mobile Phone #:	Social Security #
Home Address:	Street	City	State Z	ip Code	% Ownership:
By signing below, the Applicant hereby authorizes Anderson Equipment Company and Anderson Equipment Company (NY), Inc. (collectively "Anderson"), 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. This authorization shall remain in force so long as Applicant has a line of credit with Anderson and Anderson reserves the right to periodically update its information from any source. A Photostat, digitized or facsimile copy of this authorization shall be valid as the original. I affirm my identity as the respective individual identified in the above application.					
Signature:			Title:	Date:	2015.07