



JX Financial, Inc.

JX Financial, Inc
P.O. Box 5
Waukesha, WI 53187
800-448-2262 phone, 262-574-9945 fax

Credit Application
Equipment Lease or Loan

DATE FED TAX ID#

CUSTOMER (exact legal name)

ADDRESS (mailing)

CITY ST ZIP COUNTY

BUS PHONE # FAX #

COMPANY WEBSITE ADDRESS

CONTACT PERSON TITLE

CONTACT EMAIL ADDRESS CELL PHONE #

TYPE OF BUSINESS ORGANIZATION (include STATE* * where organized):
C CORP SUB S CORP LLC OR LLP SOLE PROP *(State:)

YEAR BUSINESS ESTABLISHED CURRENT OWNERSHIP IN PLACE SINCE

PART OF HOLDING COMPANY, OR OTHER AFFILIATE(S)?
If so, please note FISCAL YEAR END

APPROX ANNUAL SALES

PRIMARY BUSINESS BANKING RELATIONSHIP:

Bank Name Phone Number

Location Contact Person

TYPE OF ACCOUNTS:

Depository Term Loans Operating Line of Credit Real Estate

Any current or prior relationship with JX Financial?

EQUIPMENT TERM LOANS OR LEASES PRESENTLY WITH:

1.) Company Phone Number
Contact Person Type of Equipment
Approx Balance Owed Approx Monthly Payment

2.) Company Phone Number
Contact Person Type of Equipment
Approx Balance Owed Approx Monthly Payment

3.) Company Phone Number
Contact Person Type of Equipment
Approx Balance Owed Approx Monthly Payment

IS THERE ANY LITIGATION, JUDGEMENT, SUIT, AND/OR BANKRUPTCY AGAINST EITHER THE APPLICANT, ANY OF ITS OWNERS/PRINCIPALS, OR ANY OF ITS AFFILIATES? YES NO

If yes, please explain

HAUL REFERENCES (TWO MAIN HAULS REQUIRED IF YOU HAVE YOUR OWN AUTHORITY)

Are there customer revenue concentrations over 20%? _____
Accounts Receivable Aging Analysis Report available? _____ (if so, please attach most recent report)

THIS EQUIPMENT ACQUISITION:

Description of equipment _____

Replacement _____, or Additional _____

Reason(s) for this replacement or expansion _____

CURRENT EQUIPMENT OWNED/LEASED

Physical location / address of equipment (if different than application address)

City _____ County _____ ST _____ Zip _____
Is property owned _____ or leased _____?

PRINCIPALS OF COMPANY:

- 1.) Name _____ Officer Title _____ % Ownership _____
Home Address _____
Home Phone Number _____ SS# _____
- 2.) Name _____ Officer Title _____ % Ownership _____
Home Address _____
Home Phone Number _____ SS# _____
- 3.) Name _____ Officer Title _____ % Ownership _____
Home Address _____
Home Phone Number _____ SS# _____
- 4.) Name _____ Officer Title _____ % Ownership _____
Home Address _____
Home Phone Number _____ SS# _____

I certify that the information stated above is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You and/or your assigns are authorized to check my credit and employment history, obtain insurance information, and answer questions about your credit experience with me. I authorize you to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request.

Applicant Name _____ Signature _____ Title _____