Main Office:

122 Pembroke Street P. O. Box A Kingston, MA 02364 Phone: 781-585-4364

Fax: 781-585-9375 E-Mail: sales@csaw.com www.csaw.com



West Coast Regional Office:

845 Milliken Avenue, Suite F Ontario, CA 91761 Phone: 909-390-5465 Fax: 909-390-5470 E-Mail: cswest@csaw.com

www.csaw.com

LEASE CREDIT APPLICATION

APPLICANT				
Legal company name:				
Proprietorship, partnership, corporation, other	ner:			
Address:				
City:C	ounty:		State:	Zip:
Phone:Fax:_			Web site:	
Equipment will be located at - Same as about	ove: Oth	er:		
Type of business:				
Time in business under current ownership: At		At this location:		
PRINCIPALS				
	me & Title: Social security #:			
Home Address & Zip				
	Social security #:			
Home Address & Zip	% of ownership:			
EQUIPMENT DESCRIPTION				
New/Used: Equipment cost: \$_			Contact:	
BANK REFERENCE			Contact:	
City & state:			Phone:	
Type of account :				
TRADE REFERENCE			Contact:	
City & state:				
TRADE REFERENCE				
City & state:		Phone:		
TRADE REFERENCE		Contact:		
City & state:			Phone:	
We hereby authorize the release of any credit infor history, pertaining to the company, its principals, a Such authorization shall extend to subsequent up older. We authorize transmission of our credit inforvalid as the original.	and the people lide dates for credit commation over the	isted below, to or collection p e Internet. A	o Colonial Saw Company (a surposes. All of the people photostatic or facsimile cop	and its designee or assignee). below are 18 years of age or y of this authorization shall be
X Date:		×		Date:

Federal Reserve Board regulations give applicants the right to request a written explanation of any declined application.