

275 Great East Neck Road  
West Babylon, NY 11704  
(631) 661-5050  
(631) 661-1199 FAX

# PMT Forklift Corporation

148-14 Liberty Avenue  
Jamaica, NY 11435  
(718) 298-5270  
(718) 298-5269 FAX



Please fax back to PMT Forklift at (631) 661-1199 or scan and E-mail to Info@pmtforklift.com

Lessee (Borrower) Legal Name	Email Address	Phone No. (      )
Address		Fax No. (      )
Billing Address	Equipment Location (City, State, County)	

**Organization Type** Corporation  Partnership  Sole Proprietorship  Limited Liability Co.  Tax ID No. \_\_\_\_\_

**Equipment** New Equipment Purchase  Used Equipment Purchase  Growth  Replacement  Refinance  Open Account

Equipment Description	Equipment Price _____
	Less Trade _____
	Less Down Payment _____
	Finance Amount _____

**Type of Financing Desired** Loan  Lease (\$1.00 purchase)  Lease (Fair Market Value)  Other  \_\_\_\_\_

**Lease /Loan Term** 36  48  60  72  84  Custom  \_\_\_\_\_

**Lessee/Borrower Credit Information**

Years in Business \_\_\_\_\_ No. of Employees \_\_\_\_\_ Annual Revenue \$ \_\_\_\_\_ Backlog \$ \_\_\_\_\_

Top Customers \_\_\_\_\_

_____ % annual sale	Name _____	City, State _____
_____ % annual sales	Name _____	City, State _____
_____ % annual sales	Name _____	City, State _____

**Owner/Guarantor Name**  Only Run PG If Needed Social Security No. \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone No. \_\_\_\_\_

**Owner/Guarantor Name** Social Security No. \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone No. \_\_\_\_\_

**References**

Bank	Business and/or Personal Acct No.	Contact Name	Phone No. (      )
Finance Company	Account No.	Contact Name	Phone No. (      )
Finance Company	Account No.	Contact Name	Phone No.

Comments \_\_\_\_\_

**Signatures**

I certify that the information stated in this application 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 contacted to release to you such credit information you may request.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: Attach Financial Statements which include Profit and Loss Statements for the last two years.**

Notice: To help the government fight the funding of terrorism and money laundering activities, U.S. Federal Law requires financial institutions to obtain, verify, and record information that identifies each person (individuals or businesses) who open an account.

What this means for you: When you open an account or any additional service, we will ask for your name, address, and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents.