



To apply, simply complete the credit application below and fax to: 801-255-5554

Delivery, setup, and training charges and applicable taxes can also be financed!

APPLICANT INFORMATION

NAME (FIRST, MIDDLE, LAST): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

TIME AT CURRENT ADDRESS: _____ LIVE WITH PARENTS/RELATIVE OWN RENT OTHER

HOME PHONE: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

CURRENT EMPLOYER: _____ TIME AT CURRENT JOB: _____

MONTHLY NET INCOME (FROM ALL SOURCES): _____ EMPLOYER'S PHONE: _____

1ST ID# DRIVER'S LIC STATE ID FEDERAL GOV'T ISSUANCE DATE _____ EXPIRATION DATE _____

2ND ID# CREDIT CARD TYPE: VISA MASTERCARD AMEX DISCOVER

NAME ON CREDIT CARD _____ CREDIT CARD NUMBER _____ EXP DATE _____

Complete only if using a co-applicant.

CO-APPLICANT INFORMATION

NAME (FIRST, MIDDLE, LAST): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

TIME AT CURRENT ADDRESS: _____ LIVE WITH PARENTS/RELATIVE OWN RENT OTHER

HOME PHONE: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

CURRENT EMPLOYER: _____ TIME AT CURRENT JOB: _____

MONTHLY NET INCOME (FROM ALL SOURCES): _____ EMPLOYER'S PHONE: _____

AMOUNT TO BE FINANCED: _____ DEALER NAME OR SALES REP: _____

EQUIPMENT: TINLIZZIE18 ESP TL18 SITDOWN ANSLEY26 ESP QUILT MAGICIAN PHOENIX FALCON

Each individual signing as principal certifies that the information provided in this application is accurate and complete. Each individual signing authorizes TinLizzie18 or any other lending sources to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and /or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line, taking collection action on the account and for any other legitimate purpose associated with the account as needed. Each individual signing as principal further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

SIGNATURE: _____ DATE: _____