

Credit Application

Questions Contact Rob (808)-688-3714

Email to: windwardequipmentrentals@gmail.com

DIICINEC	SINFORMATIO	M						BUSINESS INFORMATION													
	Legal Name of E						Pus	inges C+	ructuro (pla	2000	hack or	ne)*									
Complete	Legal Name of E		Business Structure (please check one)* Sole Proprietor No DBA Municipal																		
		Sole Proprietor No DBA Municipal Municipal Non-Profit																			
Doing Rus		Partnership Sole Proprietor W/ DBA Non-Profit						0.0													
Doing Business As (DBA) Name (if applicable)											F	C" Corporation									
							☐ Limited Partnership☐ LLC					Other:									
Type of Business* Business Start Date* Did yo						ou acquire this business from a previous o															
					Yes - Acquisition Date:			owner? □ No			euciai Tax ID#			State of Inc.							
Billing Address*						City*			State*				Caush	an Davish*							
Billing Address						City			State		Zip Code*		County or Parish*								
Continuous Address (if different from about)								State Zip C		Code County or		Davidah									
Equipment Address (if different from above)					City			State			ip Code County or Parish			or Pansn							
Contact						Email															
Phone Number* Cel				ll Niumb	0**		Fax Number														
Priorie Number Cer				Il Number*			I AN INUITIOGI														
1ST PRINCIPAL OWNER'S INFORMATION - LIST ALL OWNERS. % OWNED MUST EQUAL 100%																					
First Name		O INT ONW	Middle Initia		Last Name			Suffix (i.e. Jr, Sr, II, III) %			%O\4/	60wned Phone #									
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Social Security # Date of Birth					Title			Email			1110			Citizen							
000101 000	only if							Lilian					Yes I	Nο							
Address				City				State			- U	Zip Code									
7.000					Jity				0.0.0				p	-							
2ND PRIN	CIPAL OWNER	S' INFORM	ATION (if an	plicable)																	
First Name			Middle Initia		Last Na	me		Suffix (i	.e. Jr, Sr, I	l. III)	%Ow	ned	Phone #								
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Social Sec	curity #	Da	ite of Birth	J.		Title		Email				US C	itizen								
0001011	y	- "			Titlo						☐ Yes ☐ No		0								
Address					City	1	1		State				Zip Code								
													•								
3RD PRIN	CIPAL OWNER	S'INFORM	ATION (if ap	plicable)	If more	than 3 owners, list on separa	ite paç	ge													
First Name	Э		Middle Initia	ıl İ	Last Na	me		Suffix (i	.e. Jr, Sr, I	l, III)	%Ow	ned	Phone #								
								`		,											
Social Security #			Date of Birth			Title		Email				US Citizen									
												☐ Yes ☐ No									
Address						City		State				Zip Code									
DANK DE	FEDENAS																				
BANK RE									DI //												
Primary Ba	ank Name								Phone #												
FOLIDME	NT TO BE FINA	NCED 9 V	NDOD/DEAL	ED INEC	DMAT	ON															
		AINCED & VE	ENDOR/DEAL			ON	Dho	no Num	hor		1	Dogu	ootod To	m (in months)							
vendor/De	ealer Name			Contac	ı		PIIO	Phone Number			Requested Term (in months)										
Type of Equipment (please be as specific as possible or inclu					clude a conv of the quote or invoice)*																
Year	Make	Model	ilic as possibi			by of the quote of invoice)					New		Addition:	al Equipment							
ı c ai	IVIANE	iviouel		Descrip	MUII						Used	H		ment Equipment							
Equipment	t Cost*	Δm	ount of Trade	-ln*		Amount Owed on Trade-In*	C	ash Dow	n Payment		J360	Amo		Financed*							
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TERMS AN	ID CONDITIONS																				
TERMIS AND CONDITIONS																					
						application is true and correct. I (We)															
						tacting references, etc.) either in co st Windward Equipment Rentals and t															
same inform		i (we) agree u	o release and wa	aive all Clai	iiis agaiiis	st windward Equipment Rentals and t	tnose re	elerences	iistea above	IOI all a	icts or or	HISSIOH	s that occu	r in vernying the							
Signature					Title			Date													
Cignotium					THE			D. I.													
Signature					Title				Date												
Signature						itle			Date												