



Windward Equipment Rentals 201  
Kapaa Quarry Place Kailua, HI 96734

# Credit Application

Questions Contact Rob (808)-688-3714

Email to: windwardequipmentrentals@gmail.com

BUSINESS INFORMATION									
Complete Legal Name of Business*					Business Structure (please check one)*				
Doing Business As (DBA) Name (if applicable)					<input type="checkbox"/> Sole Proprietor No DBA <input type="checkbox"/> Municipal <input type="checkbox"/> Sole Proprietor w/ DBA <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> "S" Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> "C" Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:				
Type of Business*	Business Start Date*	Did you acquire this business from a previous owner? <input type="checkbox"/> Yes - Acquisition Date: <input type="checkbox"/> No			Federal Tax ID #	State of Inc.			
Billing Address*			City*	State*	Zip Code*	County or Parish*			
Equipment Address (if different from above)			City	State	Zip Code	County or Parish			
Contact				Email					
Phone Number*			Cell Number*			Fax Number			
1ST PRINCIPAL OWNER'S INFORMATION - LIST ALL OWNERS. % OWNED MUST EQUAL 100%									
First Name		Middle Initial	Last Name		Suffix (i.e. Jr, Sr, II, III)		%Owned	Phone #	
Social Security #		Date of Birth		Title	Email		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address			City		State		Zip Code		
2ND PRINCIPAL OWNERS' INFORMATION (if applicable)									
First Name		Middle Initial	Last Name		Suffix (i.e. Jr, Sr, II, III)		%Owned	Phone #	
Social Security #		Date of Birth		Title	Email		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address			City		State		Zip Code		
3RD PRINCIPAL OWNERS' INFORMATION (if applicable) If more than 3 owners, list on separate page									
First Name		Middle Initial	Last Name		Suffix (i.e. Jr, Sr, II, III)		%Owned	Phone #	
Social Security #		Date of Birth		Title	Email		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address			City		State		Zip Code		
BANK REFERENCE									
Primary Bank Name						Phone #			
EQUIPMENT TO BE FINANCED & VENDOR/DEALER INFORMATION									
Vendor/Dealer Name			Contact		Phone Number		Requested Term (in months)		
Type of Equipment (please be as specific as possible or include a copy of the quote or invoice)*									
Year	Make	Model	Description			<input type="checkbox"/> New <input type="checkbox"/> Additional Equipment <input type="checkbox"/> Used <input type="checkbox"/> Replacement Equipment			
Equipment Cost*		Amount of Trade-In*		Amount Owed on Trade-In*		Cash Down Payment*		Amount to be Financed*	
TERMS AND CONDITIONS									
<p>For purposes of obtaining credit, I (We) certify that all of the information in this application is true and correct. I (We) authorize Windward Equipment Rentals and/or its designees to confirm all information in this application (which may include obtaining credit reports, contacting references, etc.) either in connection with my (our) initial application for credit, or at any time during the term of any rental agreement. I (We) agree to release and waive all claims against Windward Equipment Rentals and those references listed above for all acts or omissions that occur in verifying the same information.</p>									

Signature	Title	Date
Signature	Title	Date
Signature	Title	Date

\*Denotes required field