



Credit Application

Please scan and email to: yourteam@westonefinance.com or fax to our secured fax # (801) 405-8102

Company name: _____
 Address (mailing) _____ (Add Street, City, State, Zip)
 Address (physical) _____ (Add Street, City, State, Zip)
 Telephone: _____ Mobile Phone # _____
 Check the appropriate Box: Corporation ___ Partnership ___ Sole Prop ___ Tax ID # _____
 Type of Business _____ Time in Business _____ Years of Experience _____
Principal 1 Name: _____ DOB: _____ SSN: _____
 Title: _____ % Ownership _____ Phone Number _____
 Home Address _____ Email Address _____
Principal 2 Name: _____ DOB: _____ SSN: _____
 Title: _____ % Ownership _____ Phone Number _____
 Home Address _____ Email Address _____

Equipment to Finance:

Year/Make/Model: _____ VIN # or Serial # _____
 Purchase Price _____ New/Used _____
Term of Loan:
 24 Months ___ 36 Months ___ 48 Months ___ 60 Months ___
 Vendor Name: _____
 Vendor Address: _____
 Vendor Phone Number: _____ Contact: _____

Personal Financial Statement

Assets	\$ Amount	Liabilities	\$ Amount
Cash in Banks		Notes Payable to Banks	
Cash on Hand		Notes Payable to Others	
Real Estate Owned (See below)		Real Estate Owed (See Below)	
Automobiles Owned		Auto Loans	
Personal Property		Credit Card Debt	
Equipment Owned		Equipment Owed	
Equipment Monthly Income		Equipment Monthly Payments	
Other Assets		Other Debt	
Total Assets	\$	Total Liabilities	
		Net Worth (Assets Minus Liabilities)	

Source of Income	\$ Amount	Cash Expense	\$ Amount
Monthly Gross Wages or Salary		Monthly Mortgage Payments	
Commissions, Bonuses, ETC.		Monthly Scheduled Payments	
Interest & Dividends		Taxes	
Rental Income		Living Expenses & Misc.	
Other Income		Rental expenses	
Child Support / Alimony Income		Child Support / Alimony Payments	
		Other	
		Total Cash Expense	
Total Cash Income		Net Cash Flow	

Real Estate Owned

Address or legal description	Cost	Market Value	Mortgage	Monthly Payment	Monthly Income	Mortgage Holder

Other Debts

Payable To	Collateral	Payments	Balance

Trade/Haul References

Name: _____ City, State: _____ Phone: _____

Name: _____ City, State: _____ Phone: _____

Have you ever filed Bankruptcy: Yes ___ No ___ Are you a defendant in any suits or legal action? Yes ___ No ___

For the purpose of procuring and maintaining credit, the undersigned submits the forgoing and following statement and information contained on both sheets, both written and printed, as being a full, true and correct statement of my financial condition on the date stated. The undersigned agrees to notify grantor immediately in writing of any materially unfavorable change in his/her financial condition, and in the absence of such notice, or a new and full written statement, this may be considered as a continuing statement and substantially correct.

I understand that West One Finance, LLC. is relying on this information in extending any credit and it is warranted to be true. I hereby authorize West One Finance, LLC. or any credit bureau or any other investigative agency employed by West One Finance, LLC. to investigate the references herein listed or statements or other data obtained from me or any other person pertaining to my credit and financial responsibility. I authorize all parties contacted to release credit and financial information requested as a part of said investigation.

Signature of Applicant _____ Date: _____

Co-signer of Applicant _____ Date: _____
(If Applicable)