



DISTRIBUTOR INFORMATION	Distributor Name		Representative		
	Location	City	State	Zip Code	Phone Number

APPLICANT INFORMATION	Applicant Company Name		<b>TYPE OF BUSINESS</b> <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		
	Applicant Company Address		Tax Identification #		
	City	State	Zip	State of Incorporation	
	Primary Contact Name		Phone Number	Date Incorporated	
	Nature of Business		Years in Business	Number of Employees	
	Principal		Social Security Number		
	Home Address			Date of Birth	

BANK AND CREDIT INFORMATION	Bank Reference	Account Officer	Checking Acct. No.	Other Acct. No. (Type)		
	Address		City	State	Zip Code	Phone Number
	Bank Reference	Account Officer	Checking Acct. No.	Other Acct. No. (Type)		
	Address		City	State	Zip Code	Phone Number
	Secured Credit Reference		Contact Person		Phone Number	
	Secured Credit Reference		Contact Person		Phone Number	
	Secured Credit Reference		Contact Person		Phone Number	

TRANSACTION INFORMATION	Equipment Description			SALE PRICE	
	Serial Number			ATTACHMENTS	
	Attachment(s) Description			NET TRADE-IN	
	Trade-in(s) Description			DOWN PAYMENT	
	LOAN Transaction Type <input type="checkbox"/> (X) LOAN / INSTALLMENT <input type="checkbox"/> (N / U) NEW / USED EQUIPMENT			TAXES	
	LOAN Payment Plan \$ _____ Monthly Payment _____ % Rate <input type="checkbox"/> Other (skips, etc.) _____			FEES, ETC.	
	<b>PLEASE ATTACH COPY OF QUOTE IF AVAILABLE</b>			TOTAL AMOUNT TO FINANCE	
	LEASE Transaction Type <input type="checkbox"/> (FMV / Stated Option) Lease <input type="checkbox"/> (N / U) NEW / USED EQUIPMENT		<b>IF Stated Purchase Option please provide</b> \$ or % _____ for purchase option		
	LEASE Payment Plan \$ _____ Monthly Payment _____ % Rate <input type="checkbox"/> Other (skips, etc.) _____				
	<b>PLEASE ATTACH COPY OF QUOTE IF AVAILABLE</b>				
Insurance Company		Agent			
Address		City	State	Zip Code	Phone Number

You, the "Applicant" (which term includes the business entity as well as the undersigned individual(s)), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. Doosan Global Finance and/or its assigns ("Creditor"), or its designees, is authorized to obtain information from others concerning Applicant's credit and trade standing and other relevant information impacting this Application and provide to others information about its transaction and experiences with Applicant. Creditor may obtain credit reports, including consumer credit reports, in connection with the Application and, at Applicant's request, will tell Applicant whether a credit report was obtained and, if so, the name and address of the reporting agency which provided it. Provided credit is granted, Creditor may, without further notice to Applicant, use or request subsequent credit bureau reports (1) to update Creditor's information, (2) in connection with a renewal or extension, and/or (3) in connection with Applicant's request for additional services. Applicant agrees that Creditor may get or share credit information with its agents, assignees, and its designees, regarding the Applicant, Guarantor(s) or Applicant's owners in considering the Applicant's Application. Except as otherwise prohibited by law, Applicant agrees and consents that Creditor may share with affiliates and others all information about Applicant that Creditor has or may obtain for, among other things, the purpose of evaluating credit applications or offering Applicant products or services that Creditor believes may be of interest to Applicant. Applicant represents that it has reviewed this document and the information herein is true, correct and complete.

THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT CREDITOR'S ECOA COMPLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF AN ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO 1111 OLD EAGLE SCHOOL ROAD, WAYNE, PA 19087. WHEN CONTACTING THE DEPARTMENT, PLEASE BE SURE TO REFERENCE THE APPLICATION NUMBER ON THE NOTIFICATION LETTER. CREDITOR WILL PROVIDE APPLICANT WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER CREDITOR HAS RECEIVED APPLICANT'S REQUEST.

NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT), BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING CREDITOR IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580. APPLICANT HEREBY AUTHORIZES CREDITOR OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY CREDITOR TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM APPLICANT OR FROM ANY OTHER PERSON PERTAINING TO APPLICANT'S CREDIT AND FINANCIAL RESPONSIBILITY.

X \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE OF APPLICANT'S REPRESENTATIVE)

X \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE OF PRINCIPAL)