



CREDIT APPLICATION

Sales Cloud ID # _____

Name of Company: _____ Cell Phone: _____ Amount Requested: _____ Address For Billing: _____ City/State/Zip (Province/Postal Code): _____ County: _____	Phone (Area Code): _____ Fax: _____ E-Mail: _____ AP Contact: _____ Phone for AP Dept: _____ E-Mail for AP Dept: _____ PO Numbers required (Yes <input type="checkbox"/> No <input type="checkbox"/>
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Circle All that Apply:
Which of our ESG Affiliates do you want an account with:
(Elgin, Guzzler, Vactor, Jetstream, FS Depot, FS Solutions, JJE Rentals, Joe Johnson Equipment)

Legal Corporation (State Registered: _____) Entity: (Corp; Partnership; LLC; Proprietorship)
Federal Tax ID #: _____
Year Started: _____

Tax Exempt Status: YES NO (Must include a Tax Exempt Certificate if YES)

Name of Parent Company: _____
Address: _____
City/State/Zip: _____

Assets:		Liabilities	Revenue:
Cash in Bank: _____	Acct Payable: _____	Acct Payable: _____	Sales (Rental) Income: _____
Acct Receivable: _____	Loans/ Leases: _____	Loans/ Leases: _____	Cost of Sales _____
Equip Owned: _____	Other Liabilities: _____	Other Liabilities: _____	Gross Profit _____
Real Estate: _____	Long Term Debt: _____	Long Term Debt: _____	Selling & Admin Expenses _____
Other Assets: _____	Total Liabilities _____	Total Liabilities _____	Depreciation Exp: _____
Goodwill: _____	Net Worth _____	Net Worth _____	Income from Operations _____
Total Assets _____	Total L&NW _____	Total L&NW _____	Other Expenses (Income) _____
			Net Income _____

Owner, Partners, Officers Name(s): Title	Home Address	Soc. Sec. /Insurance NO.	% Owner
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Has any person named above declared or been involved in Bankruptcy: (Circle One) YES NO
Please explain if YES: _____

TRADE REFERENCES	TRADE REFERENCES
Name: _____ Address: _____ City/State/Zip (Province/Postal Code): _____ Contact: _____ Phone: _____ E-mail: _____ Fax: _____	Name: _____ Address: _____ City/State/Zip (Province/Postal Code): _____ Contact: _____ Phone: _____ E-mail: _____ Fax: _____

BANK REFERENCES	TRADE REFERENCES
Name: _____ Address: _____ City/State/Zip (Province/Postal Code): _____ Checking Account Nos.: _____ Loan Account Nos.: _____ Bank Contact: _____ E-mail: _____ Phone: _____ Fax: _____	Name: _____ Address: _____ City/State/Zip (Province/Postal Code): _____ Contact: _____ Phone: _____ E-mail: _____ Fax: _____

The above information is for the purpose of obtaining commercial credit and is warranted to be true, correct and complete. Creditor, its Agents, or any Credit Bureau employed by Creditor is hereby expressly authorized to investigate the references herein listed or other data obtained from Applicant or from any other person pertaining to Applicant's credit responsibility. Applicant also authorizes the above bank to release information regarding his checking account balances and loan relationships. Applicant's signature attests to Applicant's financial responsibility, ability and willingness to pay Creditors invoices in accordance with Creditors terms of Net 30 days. Applicant agrees to pay a service charge of 1 1/2% per month on the unpaid balance after 30 days. Furthermore, Applicant agrees to pay for all costs of collection, including reasonable attorney fees, court costs and collection agency fees.

Please email to: esgcreditdept@federalsignal.com or fax to ESG Finance / Credit Dept. (815) 673-6059

Applicants Name: _____

Applicants Signature & Title _____ Date: _____