



Bauer's Certified Pre-Owned

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FINANCE APPLICATION

APPLICANT DATA						
Legal Company Name		Trade Style (DBA)		Year Established		Federal Tax ID Number
Address			City	State	Zip Code	County
Person to Contact		Business Telephone #	Business Fax #	E-Mail Address		
Entity Type (check one box) Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/>						
Current Fleet Size: Coaches _____ Mid Size Buses _____ Shuttles/Vans _____ School Buses _____ Limo's _____ Other _____						
List Affiliated Companies or Subsidiaries						
PARTNERS, GUARANTORS AND PRINCIPALS						
1. Principal Owner		% Ownership		Title		Social Security Number
Address		City	State	Zip Code		
2. Principal Owner		% Ownership		Title		Social Security Number
Address		City	State	Zip Code		
EQUIPMENT TO BE FINANCED						
Quantity	Year, Manufacturer, Model		\$ Requested	Terms	Replacement <input type="checkbox"/> Expansion <input type="checkbox"/>	Lease <input type="checkbox"/> Loan <input type="checkbox"/>
INSURANCE INFORMATION						
Insurance Company Name (Liability & Physical Damage)			Agent		Telephone #	
CREDIT REFERENCES						
Bank Name		Account Number(s)		Contact		Telephone #
Bank Name		Account Number(s)		Contact		Telephone #
Finance Company Name		Account Number(s)		Contact		Telephone #
Finance Company Name		Account Number(s)		Contact		Telephone #
Finance Company Name		Account Number(s)		Contact		Telephone #
COMPANY HISTORY/INFORMATION						
REASON FOR ACQUISITION						

I certify that the information stated in this application is true and correct. I understand that you will retain this application whether or not it is approved. You and/or entities to whom you refer this application are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you and/or entities to whom you refer this application to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request.

Signature _____

Title _____

Date _____

Notice: To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify and record information that identifies each person (individuals or businesses) who opens an account.

What this means for you: When you open an account or add any additional service, we will ask you for your name, address, and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents.