

DOOSAN BOBCAT INSTALLMENT APPLICATION

- For Personal Use (Complete sections 1-2)
- For Business Use Using Personal Credit History (Complete sections 1-3)

Dealer: Bobcat of the Rockies
303-615-3140

SECTION 1

APPLICANT OR PERSONAL GUARANTOR 1 INFORMATION				CO-APPLICANT OR PERSONAL GUARANTOR 2 INFORMATION			
NAME: First, MI, Last (print)			BIRTHDATE (MMDDYY)	NAME: First, MI, Last (print)			BIRTHDATE (MMDDYY)
SOCIAL SECURITY NUMBER	HOME PHONE NUMBER	CELL PHONE NUMBER		SOCIAL SECURITY NUMBER	HOME PHONE NUMBER	CELL PHONE NUMBER	
PRESENT STREET ADDRESS				PRESENT STREET ADDRESS			
CITY, STATE, ZIP			MORTGAGE/RENT PAYMENT	CITY, STATE, ZIP			MORTGAGE/RENT PAYMENT
YEARS AT ADDRESS	OWN ____ RENT ____ OTHER ____	EMAIL ADDRESS		YEARS AT ADDRESS	OWN ____ RENT ____ OTHER ____	EMAIL ADDRESS	

*By providing an Email address, I consent to receive Email communications about my Account and authorize you to provide my Email address to the manufacturer sponsor and to the dealer where I applied so that I may receive such communications, offers and updates.

SECTION 2

APPLICANT OR PERSONAL GUARANTOR 1 EMPLOYMENT/INCOME				CO-APPLICANT OR PERSONAL GUARANTOR 2 EMPLOYMENT/INCOME			
BUSINESS NAME			BUSINESS/WORK PHONE NUMBER	BUSINESS NAME			BUSINESS/WORK PHONE NUMBER
SELF-EMPLOYED? YES ____ NO ____	HOW LONG AT PRESENT JOB YEARS: MONTHS:		Gross Monthly Income	SELF-EMPLOYED? YES ____ NO ____	HOW LONG AT PRESENT JOB YEARS: MONTHS:		Gross Monthly Income
NOTE: Alimony, child support, or separate maintenance income need not be revealed unless you want them considered as a basis for repaying this obligation							
SOURCE OF OTHER INCOME (SPOUSAL INCOME MAY ONLY BE INCLUDED FOR WISCONSIN RESIDENTS)			MONTHLY AMOUNT	SOURCE OF OTHER INCOME (SPOUSAL INCOME MAY ONLY BE INCLUDED FOR WISCONSIN RESIDENTS)			MONTHLY AMOUNT

SECTION 3

BUSINESS DETAILS (ONLY REQUIRED FOR CONTRACTOR APPLICATIONS)							
TYPE OF BUSINESS: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NONPROFIT <input type="checkbox"/> C-CORP <input type="checkbox"/> S-CORP <input type="checkbox"/> GOVERNMENT							
GROSS ANNUAL SALES/REVENUES: <input type="checkbox"/> Less Than \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$3,000,000 <input type="checkbox"/> \$3,000,000 +							
NATURE OF BUSINESS				YEARS IN BUSINESS SINCE	NUMBER OF EMPLOYEES		
YOUR COMPANY'S FULL LEGAL NAME				DBA			
BUSINESS MAILING STREET ADDRESS				CITY, STATE, ZIP			
BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER	ACCOUNT CONTACT PERSON			TAX ID NUMBER		

Sign Here for Consumer Application

X _____ **X** _____
Applicant Signature Date Co-Applicant Signature Date

You are authorizing Bobcat of the Rockies, at your discretion, to obtain or attempt to obtain credit funding through various lenders for the purpose of purchasing the equipment herein. You certify that all information you provide to us in connection with checking your credit will be true and understand that the information must be updated upon request if your financing institution conditions change. Furthermore, you recognize that hard inquiries impact credit scores. This type of inquiry can stay on your credit report for up to two years.

Sign Here for Business, Personal Guaranty

X _____ **X** _____
Signature of Personal Guarantor #1 (Please do not Print) Date Signature of Personal Guarantor #2 (Please do not Print) Date

You are authorizing Bobcat of the Rockies, at your discretion, to obtain or attempt to obtain credit funding through various lenders for the purpose of purchasing the equipment herein. You certify that all information you provide to us in connection with checking your credit will be true and understand that the information must be updated upon request if your financing institution conditions change. Furthermore, you recognize that hard inquiries impact credit scores. This type of inquiry can stay on your credit report for up to two years.

PRIMARY ID TYPE	ISSUING STATE	EXPIRATION DATE	PRIMARY ID TYPE	ISSUING STATE	EXPIRATION DATE
SECONDARY ID TYPE	ISSUER	EXPIRATION DATE	SECONDARY ID TYPE	ISSUER	EXPIRATION DATE

COLLATERAL INFORMATION (DEALER USE ONLY)

NEW/USED	MODEL YEAR	MAKE	MODEL
<input type="checkbox"/> LOADER/SKID STEER <input type="checkbox"/> EXCAVATOR	<input type="checkbox"/> TRACTOR <input type="checkbox"/> UTILITY VEHICLE	<input type="checkbox"/> TELEHANDLER <input type="checkbox"/> MOWER	<input type="checkbox"/> TURF CARE EQUIPMENT <input type="checkbox"/> TRAILER <input type="checkbox"/> ACCESSORY <input type="checkbox"/> ATTACHMENT/IMPLEMENT
NEW/USED	MODEL YEAR	MAKE	MODEL
<input type="checkbox"/> LOADER/SKID STEER <input type="checkbox"/> EXCAVATOR	<input type="checkbox"/> TRACTOR <input type="checkbox"/> UTILITY VEHICLE	<input type="checkbox"/> TELEHANDLER <input type="checkbox"/> MOWER	<input type="checkbox"/> TURF CARE EQUIPMENT <input type="checkbox"/> TRAILER <input type="checkbox"/> ACCESSORY <input type="checkbox"/> ATTACHMENT/IMPLEMENT
NEW/USED	MODEL YEAR	MAKE	MODEL
<input type="checkbox"/> LOADER/SKID STEER <input type="checkbox"/> EXCAVATOR	<input type="checkbox"/> TRACTOR <input type="checkbox"/> UTILITY VEHICLE	<input type="checkbox"/> TELEHANDLER <input type="checkbox"/> MOWER	<input type="checkbox"/> TURF CARE EQUIPMENT <input type="checkbox"/> TRAILER <input type="checkbox"/> ACCESSORY <input type="checkbox"/> ATTACHMENT/IMPLEMENT

SALES INFORMATION (DEALER USE ONLY)

CASH SALE PRICE	LESS AMOUNT OWED ON TRADE-IN	FREIGHT & SET UP
CASH DOWN PAYMENT	SALES TAX	TOTAL OTHER FEES
GROSS TRADE-IN	ACCESSORIES	AMOUNT FINANCED