

Metzger Gear Inc. 218 Mushroom Blvd Rochester, NY 14623

Commercial Credit Application

Fax: 585 272 3539 Phone: 585 272 0050

Dealer Information									
Dealer Name and Contact			Phone Number					Fax Number	
Applicant Information									
Applicant Name & Address Use exact legal name and any trade names			one Number: obile Phone:		Fax Num			ber:	
			ty			State			
			ounty			Zip			
Contact			one Number		Fax Num		Fax Num	ber	
Equipment Location (Where Vehicle Will Be Garaged - if different than above)			City				State		
man above)			County				Zip		
			Email Address						
Company Structure									
☐ Corporation [Sole Proprietorship		LLC Partnersh		ership)	Other		
Applicant's SIC # or description of Business/Industry:									
Owner/Guarantor Name:	ntor Name: SS #: % Ownersh			/Guarantor:		SS #: % Ownership:			
Owner/Guarantor Address: Phone Number:			Owner/Guar	antor A	r Address:			Phone Number:	
Federal ID S	State of Organization	Ye	Years in Business		☐ Taxable (Sales		les/Prop.)	☐ Tax-Exempt	
Transaction Details									
Chassis & Body Description (Attach Factory & Body Invoices):				Selling Price:			Number of Units:		
☐ New		Down Payment/ Cap Reduction:		\$					
Year: Make:		Net Trade In:		\$					
Structure: Loan TRAC FMV \$1.00 Other			Amount Financed/ Cap. Cost:		1/ \$	Sales Tax Amt: \$			
Program/Promotion:			Term (Months):		Es	Est. Pmt. Amount: \$			
Sales Tax Treatment: Upfront To Vendor			Upfront To State			☐ Ta	Tax on Each Rental Payment		
References									
Ban					Tr	Trade References			
Bank Name	Account Number		Company Name			Account Number			
Contact	Phone Number		Contact			Phone Number			
Bank Name	Account Number			Company Name		Account Number			
Contact	Phone Number			Contact		Phone Number			
Authorization to Release Credit Information Signer(s) hereby authorize Isuzu Finance of America, Inc. and any of its agents, affiliates or designees (collectively "IFAI") to obtain business and/or personal financial information including without limitation, information from any credit bureau, consumer reporting agency, banking institution or other reporting source regarding Signer(s) and/or applicant(s) credit history, for purposes of evaluating this application. Signer(s) authorize and instruct any financial institution or entities possessing information about Signer(s) and/or applicant(s) to furnish IFAI with all such information. Signature(s) Print Name(s) Date									
Signature(s)	Print Name(s)				Date				