

ROGERS EQUIPMENT COMPANY LLC

CREDIT APPLICATION

FAX BACK TO 870-772-1304

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Previous employer:

Address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Previous employer:

Address:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

ROGERS EQUIPMENT COMPANY LLC

CREDIT APPLICATION

FAX BACK TO 870-772-1304

APPLICATION INFORMATION CONTINUED

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

CREDIT CARDS

| Name | Account no. | Current balance | Monthly payment |
|------|-------------|-----------------|-----------------|
| | | | |
| | | | |
| | | | |

MORTGAGE COMPANY

Account no.:

Address:

AUTO LOANS

| Auto loans | Account no. | Balance | Monthly payment |
|------------|-------------|---------|-----------------|
| | | | |
| | | | |
| | | | |

OTHER LOANS, DEBTS, OR OBLIGATIONS

| Description | Account no. | Amount |
|-------------|-------------|--------|
| | | |
| | | |
| | | |

OTHER ASSETS OR SOURCES OF INCOME

| Description | Amount per month or value |
|-------------|---------------------------|
| | |
| | |

I authorize Rogers Equipment Company LLC to verify the information provided on this form as to my credit and employment history.

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date