



PO Box 640 - 503 Highway 2 W
 Devils Lake ND 58301
 (800) 451-7087

Funeral Industry Credit Application

Fax to: (800) 215-6799 **or**
 E-mail to: applications@wf-l.com

* Denotes Required Field

Business Information

Complete Legal Name of Business*		Type of Business (please check one)*		Business Structure (please check one)*	
Doing Business As (DBA) Name (if applicable)		<input type="checkbox"/> Funeral Home Only <input type="checkbox"/> Funeral Home and Cemetery <input type="checkbox"/> Funeral Service Business Only <input type="checkbox"/> Cemetery Only <input type="checkbox"/> Other:		<input type="checkbox"/> Sole Proprietor No DBA <input type="checkbox"/> Municipal <input type="checkbox"/> Sole Proprietor w/ DBA <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> "S" Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> "C" Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:	
Number of Calls per Year*	Number of Employees*	Annual Revenue*		Business Start Date*	Date of Current Ownership*
Billing Address*		City*	State*	Zip Code*	County or Parish*
Equipment Address (if different than above)		City	State	Zip Code	County or Parish
Contact	E-Mail	WFL Customer Number (if current customer)			
Phone Number*	Cell Number*	Fax Number			

1st Principal Owner's Information - All fields required for all business structures except Municipal and Non-Profit

First Name	Middle Initial	Last Name	Suffix (i.e. Jr, Sr, II, III)	% Owned
Social Security #	Date of Birth	Title	Phone Number	
Address	City	State	Zip Code	

2nd Principal Owner's Information - All fields required for all business structures except Municipal and Non-Profit

First Name	Middle Initial	Last Name	Suffix (i.e. Jr, Sr, II, III)	% Owned
Social Security #	Date of Birth	Title	Phone Number	
Address	City	State	Zip Code	

Bank Reference

Bank Name	City	State
Contact	Phone Number	

Equipment Information

Vendor Name	Contact	Phone Number	Requested Term (in months)
Type of Equipment (Please be as specific as possible or include a copy of the quote or invoice)*			
Year	Make	Model	Description
			<input type="checkbox"/> New <input type="checkbox"/> Additional Equipment <input type="checkbox"/> Used <input type="checkbox"/> Replacement Equipment
Equipment Cost*	Amount of Trade-In*	Amount Owed on Trade-In*	Cash Down Payment*
Amount of Financing Needed*			

Insurance Company (that will insure above equipment) - INSURANCE IS REQUIRED ON ALL EQUIPMENT FINANCED

Agent Name	Company Name
Phone Number	Policy Number

Terms & Conditions

For purposes of obtaining credit, I (We) certify that all of the information in this applicaiton is true and correct. I (We) authorize Western Finance & Lease, Inc. (WFL) to confirm all information in this applicaiton (which may include obtaining credit reports, contacting references, etc.) either in connection with my (our) initial applicaiton for credit, or at any time during the term of the lease/finance agreement. I (We) agree to release and waive all claims against WFL and those references listed above for all acts or omissions that occur in verifying the same information.

Customer Identification Program: To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying documents.

Signature _____ Title _____ Date _____

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