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Application

Business Information *(denotes required field)

▶

Company Name* d/b/a

Address* City* State* County* Zip*

Phone* Fax Date Business Established*

Equipment Location Address Federal I.D. #

Business Structure: Corporation Partnership Proprietorship LLC

Approximate Annual Sales: \$ Approximate Net Worth: \$

Personal Information

▶

Primary Owner* Title

Home Address* City* State* Zip*

Main Phone* Mobile Phone E-mail Address*

Primary Owner SS#

Additional Owner Title

Home Address City State Zip

Main Phone Mobile Phone E-mail Address

Additional Owner SS#

Vendor Information (Who you are purchasing the equipment from)

▶

Vendor Contact Phone

Equipment Description

Equipment Cost: \$

I authorize AXIS Capital, Inc., its heirs & assigns to obtain a personal report on all principals & guarantors for credit purposes, & (2) authorizes the release to AXIS Capital, Inc. of all credit information it may request, including business & personal banking, mortgage, landlord, trade & lease information.

Signature Title Date Axis Sales Rep