

Dealership Name	<input type="text" value="Warehouserack.com"/>	Dealership Telephone	<input type="text" value="877-914-7225"/>
Dealership Contact	<input type="text"/>	Dealership Fax	<input type="text" value="832-467-2223"/>

Customer Information

Legal Business Name **Federal Tax ID Number (Required Information)**

Doing Business As Organized in State of

Headquarters St. Address State-Issued Organization #

City/State/Zip Tax Exemption Number

Telephone Contact D&B or DUNS Number

Business Type: Corporation Limited Liability Company Partnership Proprietorship Sub S Corporation

Existing CitiCapital Customer? Yes No Contract Numbers Years in Business

If business is a proprietorship, partnership or Sub S corporation, the following information is required.

Name of Owner Guarantor Social Security Number

Date of Birth St. Address City/State/Zip

Name of Owner Guarantor Social Security Number

Date of Birth St. Address City/State/Zip

I/We hereby authorize you to disclose the information contained herein to such financial institutions or other providers of credit whom you may choose and each of you are authorized to obtain credit reports on the undersigned individual(s).

By (Owner/Guarantor Signature) By (Owner/Guarantor Signature)

Title Date Title Date

Transaction Information

Conditional Sale Premier Lease
 \$1 Option Lease ETO Lease
 CitiCapital Residual Lease with Customer Option
 Fair Market Value
 Fixed Option \$
 No Purchase Option (requires dealer guaranty)
 Residual guaranty by Dealer Yes No
 Long Term Rental (Dealer Asset)
 Full Maintenance LTR Customer Billing:
 Limited Maintenance CitiCapital to Bill
 Dealer to Bill

Number of Months Number Advance Payments (none required)

Payment Schedule Monthly Other

Requested Rate or Payment Amount
 If CitiCapital quote was used, please include quote number

If CitiCapital Residual Lease or Long Term Rental, please complete the following

Net List Price (if used to calculate residual) \$
 (Include chassis, mast, sideshifter, forks, single function internal hosing **only**)

Maintenance Contract Yes No Maintenance Amount \$

Annual Operating Hours

Operating Environment Clean Moderately Abusive
 Severe Freezer/Cooler/Cold Storage

Equipment Information

Qty	New/Used	Year	Make	Model	Residual	Sell Price	Extended Price
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

List all equipment specifications (i.e. mast, forks, sideshifter, clamp, battery, charger, etc.)

Is any of the equipment to be titled and/or registered as a vehicle? Yes No
 Does any unit above have a lift capacity of 15,000 lbs. or more? Yes No

Equipment Location (if different from headquarters)

Subtotal \$

Freight/Prep \$

Cash Down \$ ()

Trade In \$ ()

+ Sales Tax \$