Name Gus Livas

P.O. Box 2555

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Email GLivas@amuref.com



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Application

	ormatic	*(denotes required field	a)			
<u> </u>						
Company Name*					d/b/a	
Address*		City*		State*	County*	Zip*
Phone* Fax				Date Business Established*		
Equipment Locati	ion Addres	s			Federal I.D. #	
Business Structure	e: O C	orporation O Partnership	O Proprietorship O LLC			
Approximate Ann	ual Sales:	\$	Approximate Net Worth:	\$		
Personal Info	ormatio	on				
•						
Owner / Officer #1			% of own	ership	Title	
Home Address*		City*			State*	Zip*
Main Phone*		Mobile Phone			E-mail Address*	
Primary Owner SS	S#					
Owner / Officer #	#2		% of own	ership	Title	
Home Address		City			State	Zip
Main Phone		Mobile Phone			E-mail Address	
Additional Owner	· SS#					
Vendor Infor	rmation	(Who you are purchasing	g the equipment from)			
>						
Vendor		Conta	act		Phone	
Equipment Descri	iption					
Equipment Cost:	\$		Desired Term:	O 36 Montl	h O 48 Month O 60 Mo	onth O 72 Month O 84 Month
I authorize Amur Equi	pment Financ	ce, Inc., its heirs & assigns to obtain	a personal report on all principals &	guarantors f	or credit purposes, & (2) auth	orizes the release to Amur Equipment
		· · · · ·				for your business credit application. We
,	-		• •	-		pecific reasons for the denial. To obtain
						ns for the denial within 30 days of your
						s of race, color, religion, national origin, from any public assistance program; or
	.,					iance with this law is the Federal Trade
	_	ity, Washington, DC 20580.		S		
Signature - Owner / Officer #1			Title		Date	
Signature - Owner	/ Officer #2		Title			Date