

DLL FINANCE LLC FAX COVERSHEET
FAX 1-866-490-0979

Date: _____ Number of Pages: _____

From: _____ Contact: _____
 _____ Telephone # : _____
 _____ Fax # : _____

Attention: _____
 Customer Name: _____

Equipment Being Financed:							
N/U	Year	Make	Model	Description	Serial #	Sales Price	Dealer Net

Options: FWA _____ Duals _____ Weights _____ RWA (Combines) _____ Hours _____

IS THIS A REFINANCE OF EXISTING DEBT? YES NO (ANSWER REQUIRED)

Trade-In:							
Year	Make	Model	Description	Serial #	Trade Allowance	Pay off	Lien Holder

Contract Type: Retail Lease – Amount of Residual: _____ %
 Term (Mo.): _____ Rate: _____% Indicate: Fixed ; Variable ; Equity Advantage
 If Manufacturer program rate, describe: _____

Cash Down Payment: \$ _____

Sales Tax: _____ %

Filing Fees: \$ _____

Admin Fees: \$ _____

Insurance coverage through: DLL Provided Other
 If other, provide Name of insurer: _____ Agent Name _____ Phone/Fax _____

Payment Schedule: (Check one or include schedule)
 Monthly Quarterly Semi-Annual Annual Other _____
 (Description)

First Payment Due Date: _____

- Additional Information:
- Copy of Manufacturer's Invoice
 - Customer's signed application for credit (Authorization for release of credit information)
 - Copy of Driver's License or Government-issued ID.
 - If total owing to DLL > \$250,000 or total customer debt > \$750,000, two year history of Financial Statements (Balance Sheet and Income Statement)