

# CREDIT APPLICATION

## VENDOR AND PLAN INFORMATION

SALES REP		CELL	VENDOR Kochel Equipment	
SALES PRICE \$ _____ <input type="checkbox"/> with tax <input type="checkbox"/> without tax		TERM	COMMENTS	
<input type="checkbox"/> BestBuy <input type="checkbox"/> Baker's Dozen <input type="checkbox"/> Promo _____				
<input type="checkbox"/> Other: Buy Out _____ Paid Up Front # _____ Other: _____				

EQUIPMENT

## BUSINESS INFORMATION

BUSINESS NAME			FEDERAL ID #		
STREET ADDRESS		CITY	STATE	ZIP	COUNTY
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> OTHER _____					
NATURE OF BUSINESS			EMPLOYEES Full Time _____ Part Time _____		
YEARS IN BUSINESS	YEARS UNDER CURRENT OWNERSHIP		PHONE #		FAX #
BILLING CONTACT	NAME		PHONE #		EMAIL

## BANK INFORMATION

BANK REFERENCE(S) / ACCOUNT NUMBER(S)	CONTACT	PHONE	CITY & STATE

## PRINCIPAL(S) INFORMATION

ALL OWNERS, OFFICERS & STOCKHOLDERS OVER 10%	% of Ownership	TITLE	SOCIAL SECURITY NUMBER	DOB	HOME ADDRESS STREET/CITY/STATE/ZIP

## AUTHORIZATION

I authorize release of any credit or financial information to Lease Consultants Corporation.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FAX TO: 515.255.0147**