

CREDIT APPLICATION

VENDOR AND PLAN INFORMATION

SALES REP		CELL	VENDOR High PSI, LTD.	
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