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### BUSINESS INFORMATION

Exact Legal Business Name:		Telephone:	E-mail:	
		Fax:	Cellular:	
Business Address:	County:	Years in Business:	Federal ID No.:	
City/State/ZIP:	Description of Business:	Contact:		
Location of Equipment: Proprietorship _____ Partnership: _____ Corporation _____ S Corp <input type="checkbox"/> LLC <input type="checkbox"/> C Corp <input type="checkbox"/>				
State of Incorporation:	Date of Incorporation:	State ID # :		
Insurance Co.:	Telephone:	Address:		

### OWNERSHIP / OFFICER

Principal/Officer:	Home Address:	Soc. Sec. #.	Phone:
		Title:	% Owned:
Principal/Officer:	Home Address:	Soc. Sec. #.	Phone:
		Title:	% Owned:
Principal/Officer:	Home Address:	Soc. Sec. #.	Phone:
		Title:	% Owned:

### BANK REFERENCES

Bank Name	Location	Phone	Account #	Contact	Type of Account
					Cking _____ Swing _____ Loan _____ Other _____
					Cking _____ Swing _____ Loan _____ Other _____

### LEASING / FINANCING / TRADE REFERENCES

Name	Telephone	Contact	Address

### EQUIPMENT & SUPPLIER INFORMATION

Supplier Name:	Telephone:	Cost:
Contact:	Term:	Buyout: \$1 10% FMV
Equipment:		

I (We) authorize Security Leasing Services, Inc. and/or its assigns and designees to investigate all credit information, including but not limited to consumer credit reports, bank and trade references and accountant information for purposes of processing this lease credit application. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. All principals hereto agree that a fax copy of this application may be treated as and considered the same as an original, including the signature(s) below. By providing your fax number, you agree to receive advertisements via facsimile from SLS. Regulation B provides you the right to obtain a written statement of the specific reasons for adverse credit decisions. To obtain such statement, please contact us in writing within sixty (60) days from the date you are notified of our decision. We will provide our written response within thirty (30) days thereafter. I (We) certify that the above information provided is true and correct.

Authorized signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_