



Box 71397
 Des Moines, IA 50325
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CREDIT APPLICATION

VENDOR AND PLAN INFORMATION						
SALES REP	CELL	VENDOR				
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