

## SLS Financial Services PI

Credit Application

Phone: 425-988-4408

Email: brett@money4equipment.com

	BUSINESS NAME						DATE	TELEPHONE	
	DOGINEOU NAME						5	TEE. HONE	
	ADDRESS			CITY	CITY		ZIP	FAX	
BUSINESS									
	TYPE OF BUSINES	DATE BUSINE	DATE BUSINESS ESTABLISHED FEDERAL		AX ID#	CELL PHONE			
	EQUIPMENT LOCATION (STREET)			CITY	CITY		ZIP	EMAIL ADDRESS	
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	PROPRIETORSHIP PARTNERSHIP				CORPORATION			STATE OF INCORPORATION	
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			APPLICANT'S STATE	MENT AND ALIT	HORIZATION	I TO RFI FA	SE BANK INFORMAT	ION	
	APPLICANT'S STATEMENT AND AUTHORIZATION TO RELEASE BANK INFORMATION  Applicant hereby authorizes American Equipment Financial Services, LLC, S&F Financial Services, Inc. or their nominees or assigns (*Lessor*), to check Applicant's credit and bank records, and specifically authorizes all of its bankers and creditors to release to Lessor any informatic Lessor requests. By signing below, the undersigned individual(s) authorizes Lessor to review his/ her personal credit profile or report from any commercial or consumer credit bureau for the purpose of extending or renewing any credit facility, or to collect the resulting account. A photostat or facsimile copy of A photostat or facsimile copy of this authorization is valid as the original. By signing below, Applicant(s) affirm(s) identity as the respective individuals identified in this application. Individual(s) signing below also hereby affirm that Applicant wishes to utilize American Equipment Financial Services and no other brokers with respect to the above listed equipment.								
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	1 Circolus								
	1. Signature								
	3. Signature 4. Signature								
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	8341 NW Mace Rd. #200 Kansas City, MO 64152								