

BUSINESS	BUSINESS NAME				DATE	TELEPHONE
	ADDRESS		CITY	STATE	ZIP	FAX
	TYPE OF BUSINESS		DATE BUSINESS ESTABLISHED	FEDERAL TAX ID#		CELL PHONE
	EQUIPMENT LOCATION (STREET)		CITY	STATE	ZIP	EMAIL ADDRESS
	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC					STATE OF INCORPORATION
OWNERSHIP	PRINCIPAL'S NAME		TITLE	% OWNER	GUARANTEE <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER
	HOME ADDRESS		CITY	STATE	ZIP	HOW LONG <input type="checkbox"/> OWN <input type="checkbox"/> RENT
	PRINCIPAL'S NAME		TITLE	% OWNER	GUARANTEE <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER
	HOME ADDRESS		CITY	STATE	ZIP	HOW LONG <input type="checkbox"/> OWN <input type="checkbox"/> RENT
	PRINCIPAL'S NAME		TITLE	% OWNER	GUARANTEE <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER
	HOME ADDRESS		CITY	STATE	ZIP	HOW LONG <input type="checkbox"/> OWN <input type="checkbox"/> RENT
BANKS	BANK NAME	BRANCH/CITY	TELEPHONE	FAX	CONTACT	ACCOUNT NUMBER
LENDERS	LENDER NAME	BRANCH/CITY	TELEPHONE	FAX	CONTACT	ACCOUNT NUMBER
TRADES	SUPPLIER NAME	BRANCH/CITY	TELEPHONE	FAX	CONTACT	ACCOUNT NUMBER
EQUIPMENT	VENDOR NAME				CONTACT	EMAIL ADDRESS
	STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE
	EQUIPMENT DESCRIPTION					FAX
	EQUIPMENT COST		DELIVERY DATE	TERMS	ADVANCE PAYMENTS	END OF CONTRACT PURCHASE OPTION
APPLICANT'S STATEMENT AND AUTHORIZATION TO RELEASE BANK INFORMATION						
<p>Applicant hereby authorizes American Equipment Financial Services, LLC, S&P 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 information 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.</p>						
<p>1. Signature _____ 2. Signature _____</p> <p>3. Signature _____ 4. Signature _____</p>						
<p>SLS Financial Services 8341 NW Mace Rd. #200 Kansas City, MO 64152</p>						