



SLS Financial Services Credit Application

| | | | | | | |
|--|--|-------------|---------------------------|-----------------|---|---|
| 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 _____ 3. Signature _____ 4. Signature _____</p> | | | | | | |
| <p>SLS Financial Services 8341 NW Mace Rd. #200 Kansas City, MO 64152</p> | | | | | | |