



financial services

Credit Application for Commercial Equipment

Underwritten by:
SLS Financial Services
5201 S. Western Ave, Ste 103
Sioux Falls, SD 57108
(866) 769-2345
(605) 271-7133

BUSINESS INFORMATION

Exact Legal Business Name (include DBA name if applicable):		Telephone:	
		Fax:	
Business Address:	County:	Years in Business:	Federal ID No.:
City/State/ZIP:	Description of Business:	Contact:	
Cell Phone:			
Email Address:			
Location of Equipment:			S Corp <input type="checkbox"/>
Proprietorship _____ Partnership: _____ Corporation _____			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 _____ Sving _____ Loan _____ Other _____
					Cking _____ Sving _____ Loan _____ Other _____

FINANCING / TRADE REFERENCES

Name	Telephone	Contact	Address

EQUIPMENT & SUPPLIER INFORMATION

Supplier Name: Weatherford Mini Trucks	Telephone: 817-565-6103	Cost:
Contact: Doug Swancy	Term: Paid In Full Prior To Shipping	Buyout: N/A \$1 10% FMV
Equipment: (Year/Make/Model/ID#)		

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: _____