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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
<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: _____	

**EMAIL TO: [staff@leaseconsultants.com](mailto:staff@leaseconsultants.com) or FAX TO: 515-255-0147**