



Box 71397
 Des Moines, IA 50325
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Equipment Leasing

CREDIT APPLICATION

VENDOR AND PLAN INFORMATION

SALES REP		CELL	VENDOR	
SALES PRICE \$		TERM	COMMENTS	
<input type="checkbox"/> with tax <input type="checkbox"/> without tax				
<input type="checkbox"/> Easy Pay <input type="checkbox"/> 12 + 1 <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	COUNTY
<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 KLS Equipment Leasing or its assigns.

AUTHORIZED SIGNATURE: _____

DATE: _____

FAX TO: 844.727.9301 or EMAIL TO: staff@klsequipment.com