



Landoll Financial Services
 8341 NW Mace Rd. Suite 200
 Kansas City, MO 64152
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 www.landollfinancial.com

BUSINESS INFORMATION

Exact Legal Business Name:		Telephone:	E-mail:	
		Fax:	Cellular:	
Business Address:		County:	Years in Business:	Fed. ID No.
City/State/Zip:		Description of Business:		Contact:
Location of Equipment: Proprietorship: _____ Partnership: _____ Corporation: _____ S Corp <input type="checkbox"/> 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 _____

LEASING / FINANCING / TRADE REFERENCES

Name	Telephone	Contact	Address

DEALER INFORMATION

Dealer Name:	Telephone:	Cost:		
Sales Contact:	Term:	Buyout: \$1	20%	Other: _____
Equipment:				

I (We) authorize Security Leasing Services 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 purpose 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. 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: _____