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SLS Financial Services
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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: Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/>			
State of Incorporation:	Date of Incorporation:	State ID # :	
Insurance Co.:	Insurance Contact:	Telephone :	

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 REFERENCE

Bank Name	Location	Phone	Account #	Contact	Account Number
					Checking: Saving: Loan: Other:

FINANCING / TRADE REFERENCES

Name	Telephone	Contact	Address

EQUIPMENT & SUPPLIER INFORMATION

Supplier Name:	Telephone:	Cost:
Contact:	Term:	Agreement Type: Finance <input type="checkbox"/> Lease <input type="checkbox"/>
Equipment:		

I (We) authorize Security Leasing Services, Inc. and its affiliates commonly referred to as SLS Financial 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 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 an electronic copy of this application may be treated as and considered the same as an original, including the signature(s) below. By providing your contact information, you agree to receive electronic communications from SLS. I (We) certify that the above information provided is true and correct.

Authorized signature: _____ Title: _____ Date: _____
 Authorized signature: _____ Title: _____ Date: _____
 Authorized signature: _____ Title: _____ Date: _____

ECOA NOTICE (TO BE RETAINED BY APPLICANT)

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.