

By:

APP ONLY APPLICATION UP TO \$500,000



Date:

Financing Provided By: 1113 S. Milwaukee Avenue Libertyville, Illinois 60048 (847) 932-0907 Direct (847) 370-3460 Cell Bob Seeds Jr., President bseeds@ifsc.com

COMPANY	Lessee Legal Name			Trade Name/ DBA Name
INFORMATION	Headquarters Street Address			City, State, Zip Code
•	Equipment location Street Address			City, State, Zip Code
•	Contact Name & Title			□ Proprietorship
•	Contact PH#, FAX#, & E-MAIL:			☐ General Partnership ☐ Limited Partnership
	Parent Company or Corporate Guarantor Name, Street Address, City, State & Zip			☐ Not For Profit ☐ Corporation State of Inc.
	Nature of Business:	FIN:	Years in Business:	Date of Inc.
		State of Incorporation:		☐ State or Local Gov't.
EQUIPMENT INFORMATION AND LEASE STRUCTURE	Supplier Company Name, Address, City, State & Zip code Supplier Contact Name, PH#, & Fax#			Supplier Contact Name, PH#, & Fax#
				Cost of Equipment
	Equipment Description (Manufacturer, Model) 1.		□ New Year: _	Amount to be Financed
			□ New Year: _	Lease Payment Amount
	3.		□ New Year: _ □ Used	Estimated Installation Date:
BANK INFORMATION	Bank Name Account/Loan Officer Phone No.			
	Address (City, State)			
	Account Type Account Number Year Opened			
	2 nd Bank Information (if applicable)			
OFFICEDS	Officer/ Principal/ Owner	Title:	% ow	vned: SS#:
OFFICERS PRINCIPALS OWNERS	Officer/ Frincipal/ Owner	Tiue:	70 UW	viieu: 55#:
	Complete Home Address	City, Sta	ate & Zip Code	Home PH#:
OFFICERS	Officer/ Principal/ Owner	Title:	% ov	vned: SS#:
PRINCIPALS OWNERS	Complete Home Address	City, Sta	ate & Zip Code	Home PH#:
OFFICERS	Officer/ Principal/ Owner	Title:	% ow	vned: SS#:
PRINCIPALS OWNERS	Complete Home Address	City, Sta	ate & Zip Code	Home PH#:
EQUAL CREDIT OPPORTUNITY ACT. 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 the statement, please contact Dara W. Dietmeyer at International Financial Services Corporation, 1113 S. Milwaukee Avenue, Suite 301, Libertyville, IL 60048 and direct line 847.932.0912 within 60 days from the date you are notified of our decision. Upon receipt of your written statement, we will send you a written statement of reasons for the denial within 30 days of receiving 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 compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580. IMPORTANT INFORMATION ABOUT PROCEDURES OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to International Financial Services Corporation ("IFS") and/ or its designees (and any assignee or potential assignee thereof) authorizing review of his/her				
profile from a national credit bureau. 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. A Photostat or facsimile copy of this authorization shall be valid as the original. By signing below I/we affirm my/our identity as the respective individuals identified in the above applications. We hereby authorize the release of information requested by IFS or its designees regarding our bank and trade relationships.				
By:		Fitle		Date:

Title: