



1000 River Rock Dr., Suite 218, Folsom, CA 95630  
 (800) 991-0099 / (916) 988-7723 / Fax (800) 988-3931  
[www.leasource.com](http://www.leasource.com) Email: [info@leasource.com](mailto:info@leasource.com)

FULL LEGAL NAME OF BUSINESS		EQUIPMENT SELLER	
		DICK'S RESTAURANT SUPPLY	
STREET		STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
PHONE / FAX	CONTACT	PHONE / FAX	CONTACT
EMAIL ADDRESS:		EMAIL ADDRESS:	

NEW/ USED	QUANTITY	EQUIPMENT DESCRIPTION	SELLING PRICE
		TOTAL	

EQUIPMENT LOCATION IF DIFFERENT: \_\_\_\_\_ REQUESTED TERM: \_\_\_\_\_ ANTICIPATED DELIVERY: \_\_\_\_\_

Years in Business:	Under Current Ownership:	Number of Employees:	Federal Tax Number:
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Type of Business \_\_\_\_\_

Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

NAMES OF OWNERS / ADDRESS & PHONE NUMBER / % OF OWNERSHIP	SOCIAL SECURITY NO.
1.	
2.	
3.	

BANK REFERENCE (Exact Branch)	CHECKING ACCOUNT NUMBER	OFFICER CONTACT	PHONE NUMBER
1.			
2.			

TRADE REFERENCE	ACCOUNT NUMBER	CONTACT	PHONE NUMBER
1.			
2.			
3.			

LEASE/LOAN REFERENCE	LEASE/LOAN NUMBER	CONTACT	PHONE NUMBER
1.			
2.			
3.			

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION, GIVEN FOR CREDIT PURPOSES, IS TRUE AND CORRECT AND AUTHORIZES THE FIRM OR PERSON TO WHOM THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY TO INVESTIGATE THE REFERENCES, STATEMENTS OR OTHER DATA LISTED OR ACCOMPANYING THIS APPLICATION. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION. A PHOTOCOPY OR FACSIMILE OF THIS APPLICATION SHALL BE ACCEPTABLE FOR RELEASE OF INFORMATION REQUESTED.

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 Applicant Signature and Date