

ADS Lease Credit Application

(Financial Statements may be required on all transactions over \$20,000)

Full Legal Name: _____ Date: _____

Business Address: _____

City: _____ County: _____ State: _____ Zip: _____

Equipment Location: _____

Contact Name: _____ Business Phone: _____ Fax: _____

Cell Phone: _____ Email Address: _____ Website: _____

Business Ownership: Corporation Partnership Proprietorship LLC Fed. Tax I.D. # _____
Corporation Only

Type of Business: _____ Years of Ownership: _____

OWNERS / STOCKHOLDERS

This information may be used to check the personal credit of owners or stockholders.

Name: _____ Title: _____ Social Security #: _____

Address: _____ Contact Phone: _____
Street Address City State Zip

Name: _____ Title: _____ Social Security #: _____

Address: _____ Contact Phone: _____
Street Address City State Zip

BANKING

Name of Bank: _____ Bank Officer: _____

Phone: _____ Deposit/Check Acct #: _____ Loan Acct. #: _____

MAJOR TRADE REFERENCES

Supplier's Name: _____ Account #: _____ Phone: _____ Since 19 _____

I certify that the above information is correct and I authorize the creditors listed above to provide credit information to Leasing Agent.
I understand that Leasing Agent may use the provided information to check the personal credit of owners or stockholders.

By: _____ Title: _____
Applicant's Signature

TO BE COMPLETED BY EQUIPMENT SELLER

Company Name and Address: _____

Sales Rep Name: _____ Email Address: _____

Office Phone: _____ Cell Phone: _____ Fax: _____

Equipment Description: _____

Sale Price: _____ Term: _____ Rate: _____ Mo. Payment: _____ Purchase Option: _____
Factor (Before Tax)

American Dish Service

900 Blake Street • Edwardsville, KS 66111

Phone: (800) 922-2178 : (913) 422-3700

FAX: (800) 367-5859