



SalonEquipment.Com Financial Services

1630 S. Sunkist St., Ste G, Anaheim, CA 92806

(877) 461-2972 - FAX (714)453-1418

LESSEE (EXACT LEGAL NAME)				DBA				
STREET ADDRESS			CITY		STATE		ZIP	TELEPHONE NO. ()
LOCATION OF EQUIPMENT			CITY		STATE		ZIP	FAX NO. ()
TYPE OF BUSINESS		GROSS ANNUAL SALES		YEARS IN BUSINESS		YEAR UNDER CURRENT OWNER		FEDERAL TAX ID NO. (IF ANY)
<input type="checkbox"/> PROPRIETORSHIP		<input type="checkbox"/> CORPORATION		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> LIMITED LIABILITY CO.		STATE OF INCORPORATION

OWNERSHIP

PRINCIPAL #1 NAME		TITLE		% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE		SOCIAL SECURITY NO. - -	
STREET ADDRESS			CITY		STATE		ZIP	HOME TELEPHONE NO. ()
PERSONAL ANNUAL GROSS INCOME (Not including spouse)				MONTHLY MORTGAGE/RENT (Residence only)				
PRINCIPAL #2 NAME		TITLE		% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE		SOCIAL SECURITY NO. - -	
STREET ADDRESS			CITY		STATE		ZIP	HOME TELEPHONE NO. ()
PERSONAL ANNUAL GROSS INCOME (Not including spouse)				MONTHLY MORTGAGE/RENT (Residence only)				

BANK

BANK NAME		CONTACT NAME		CITY		CURRENT CHECKING BALANCE		TELEPHONE NO. ()
ACCOUNT UNDER NAME OF		CHECKING ACCOUNT NO.		SAVINGS ACCOUNT NO.		LOAN NO.		

TRADES

COMPANY		CONTACT		TELEPHONE	
				()	
				()	

DESIRED TERMS (Check one)

LEASE TERM IN MONTHS

12 24 36 48 60

PURCHASE OPTION

\$1 10 FMV

EQUIPMENT DEALER

DEALER NAME
SalonEquipment.Com

CONTACT _____ PHONE _____
(877)461-2972

EQUIPMENT COST _____

EQUIPMENT TYPE
Salon Equipment

Fax completed application or mail to address above:

ATTN: J.W.

FAX: (714) 453-1418

TEL.: (877) 461-2972

The undersigned individual who is either a principal, a personal guarantor or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Salon Equipment.Com or its designee the use of a consumer credit report on the undersigned, from time to time as may be needed.

X _____ AUTHORIZED SIGNATURE _____ DATE _____

ADDITIONAL INFORMATION

If the business has been in operation under present ownership for less than two years, or equipment cost exceeds \$75,000 please provide:

*Financial Statements or Tax Returns on Company for most recent two years and most recent Interim Financial Statement.

Please include an itemized quote, if available.