



Submit Applications to: Steve Joskowitz	E-mail: apply@directfundingservices.com
Phone: 702-832-7224 Fax: 844-738-1842	Web: www.foodservicecapital.com

BUSINESS (legal name business entity)			
Company Name/dba	Legal Structure <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		Fed. Tax I.D. #
Address, City, State, Zip	Phone	Nature of Business	# years in biz
Contact	Title	Email	Website

EQUIPMENT LOCATION Complete only if equipment will not be located at billing address				
Address	City	County	State	Zip

PERSONAL INFORMATION ON MAJORITY STOCKHOLDERS/OWNERS				
Name	E-mail	Title	% of Ownership	Social Security No.
Home Address	City	State	Zip	Home/Cell Phone No.
Name	E-mail	Title	% of Ownership	Social Security No.
Home Address	City	State	Zip	Home/Cell Phone No.

COMPANY BANK REFERENCES - MUST HAVE TWO YEAR HISTORY (Important to establish any loan history)				
Name of Bank/Branch	How Long?	Acct. #	Telephone No.	Contact Officer

SUMMARY OF EXPERIENCE/CREDIT EXPLANATION/SUPPORTING INFORMATION (attach necessary documents)

EQUIPMENT TO BE FINANCED Attach separate list if necessary		Requested \$ Finance Amount:	
Quantity:	Description (Make/Model/Year):	<input type="checkbox"/> New	<input type="checkbox"/> Used
Total \$ Cost:	Down Payment?:		
Vendor Name:	Vendor E-mail:		
Vendor Address (Street Address, City, State, Zip)	Telephone No.	Fax No.	

TERM	<input type="checkbox"/> 12 Months	<input type="checkbox"/> 24 Months	<input type="checkbox"/> 48 Months	<input type="checkbox"/> 60 Months
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AUTHORIZATION FORM: ("Soft Pull" initial credit check does not show inquiry on credit report)

By signing below, each undersigned individual (s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction BSB Leasing, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. I authorize all deposit, borrowing, and trade information to be released to the Lessor. I represent all information is true, correct and complete. A photo static or facsimile copy of this authorization shall be as valid as the original.

X Sign:		
Name:	Title	Date

X Sign:		
Name:	Title	Date