

ENDOR Consulting: Beauty Salon & Day Spa Equipment Leasing

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Client Information

Legal business name _____
Address _____ City _____ State _____ ZIP _____
Phone: _____ - _____ - _____ Fax: _____ - _____ - _____ E-mail: _____
Time in business under current ownership: _____ Federal Tax ID/SSN _____
Is your business a ...
Proprietorship _____ Corporation _____ Partnership _____ LLC _____
Address of installation: Same _____ Other: _____

Business checking account:

Bank Name: _____ Account #: _____
Phone: _____ - _____ - _____ Contact person: _____

Where do you buy your supplies?

Firm: _____ Phone: _____ - _____ - _____ Account #: _____
Firm: _____ Phone: _____ - _____ - _____ Account #: _____
Firm: _____ Phone: _____ - _____ - _____ Account #: _____

Where are you getting your equipment from?

Name: _____
Address: _____ City: _____ State: _____ ZIP: _____
Equipment Description: _____ Cost: _____ Term: _____

Owner information:

Name: _____ Social Security #: _____
Home Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ - _____ - _____ Cell: _____ - _____ - _____ % of ownership: _____
Name: _____ Social Security #: _____
Home Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ - _____ - _____ Cell: _____ - _____ - _____ % of ownership: _____

By signing below, the undersigned individual, who is either principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit 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 and 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 individual(s) identified in the above application.

I/we authorize all deposit, borrowing and trade information to be released to the lessor. I hereby represent all information is true, correct and complete.

Signature: _____ Signature: _____
Print name: _____ Print name: _____
Date: _____ Date: _____