



RESTAURANT EQUIPMENT AND SUPPLIES

1403 Versailles Rd.
Lexington, KY 40504

Phone 859-269-5964
Fax 859-269-5966

EQUIPMENT LEASE / LOAN APPLICATION

LESSEE INFORMATION

DATE _____

LEGAL BUSINESS NAME		Tax ID#	
BUSINESS ADDRESS		CITY	STATE
			ZIP
BUSINESS PHONE	BUSINESS FAX	TYPE OF BUSINESS	TIME IN BUSINESS
OWNER(S) / OFFICER(S)		TYPE OF ENTITY:	
		CORP _____ PARTNERSHIP _____ OTHER _____	
HOME ADDRESS			
CITY	STATE	ZIP	OWNER SOCIAL SECURITY #
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
NEAREST RELATIVE/RELATIONSHIP		ADDRESS	PHONE NUMBER

FINANCIAL INFORMATION

BANK REFERENCE		ACCOUNT NUMBER	
BANK ADDRESS	CITY	STATE	ZIP
CREDIT / TRADE REFERENCE		ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP
CREDIT / TRADE REFERENCE		ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP

EQUIPMENT REQUESTED FOR LEASE

ITEM NUMBER	DESCRIPTION	ITEM NUMBER	DESCRIPTION

AUTHORIZATION TO OBTAIN CREDIT INFORMATION

I HEREBY CERTIFY THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT. YOU ARE HEREBY AUTHORIZED TO INVESTIGATE ALL BANK AND CREDIT REFERENCES, AND SAID REFERENCE ARE HEREBY AUTHORIZED TO RELEASE ANY REQUESTED INFORMATION TO YOU OR YOUR AGENTS VIA TELEPHONE, MAIL OR FACSIMILE FOR THE PURPOSE OF SECURING FINANCING. I ALSO AUTHORIZE YOU TO UPDATE THE CREDIT PROFILE FROM TIME TO TIME IN THE FUTURE AS DEEMED APPROPRIATE. I AM OVER 18 YEARS OF AGE. I ACKNOWLEDGE MY RIGHTS UNDER THE FAIR CREDIT OPPORTUNITY ACT.

SIGNATURE _____ TITLE _____ DATE _____