

salon financing application



Tell us about your business:

Business legal name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: ____ - ____ - ____ Fax: ____ - ____ - ____ Email: _____

Time in business under current ownership: _____ Federal tax I.D. # _____

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: _____ Terms: _____

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 a 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 purposes 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: _____

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