

Salon & Spa Financial Services
 PLEASE COMPLETE AND FAX TO 800.339.3552
 QUESTIONS? CALL NEIL DOHERTY AT 800.325.2332

FINANCING APPLICATION

Business Name		Federal Tax ID No.	Phone #	
Address				Fax #
City	County	State	Zip	Cell #
Equipment Location: <input type="checkbox"/> Above Address <input type="checkbox"/> Relocation <input type="checkbox"/> Additional Location <input type="checkbox"/> New Salon				Email:
Address:				
Type of Business / Services Offered	Age of Business	How long have you been owner?	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop	
Is there anything else we should know about you or your business? (Website, Other Locations, etc)				
LIST ALL OWNERS – USE SEPARATE SHEET IF NECESSARY				
Business Owner		Title	% Own	Social Security #
Home Address		City	State	Zip Code
				Home Phone #
Business Owner		Title	% Own	Social Security #
Home Address		City	State	Zip Code
				Home Phone #
BANK ACCOUNTS				
(Please provide the first page only of your bank account(s) statement for the last three (3) months.)				
Name of Bank		Average Monthly Bal. \$	Account # (<input type="checkbox"/> Business <input type="checkbox"/> Personal)	
Name of Bank		Average Monthly Bal. \$	Account # (<input type="checkbox"/> Business <input type="checkbox"/> Personal)	
ATTACH COPY OF EQUIPMENT SALES ORDER OR INDICATE APPROXIMATE DOLLAR AMOUNT BELOW				
Supplier:		Contact:	Approx. Equipment Cost \$	

I hereby certify: (i) the information provided above is true and correct, (ii) you and/or your nominee are hereby authorized to investigate all bank, credit and trade references, and said references are hereby authorized to release any requested information to you or your nominee, (iii) such authorization shall extend to obtaining personal credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for renewing or collecting the resulting account, (iv) this information may be transmitted by us to you and by you to underwriters for the purpose of granting to me credit, either electronically or manually, and that by submitting this application, I take full responsibility for transmission thereof, (v) I am over 18 years of age. (vi) I acknowledge my rights under the Fair Credit Opportunity Act, and (vii) this request is for business and not consumer purposes.

Signed: _____ Date: _____ Signed: _____ Date: _____