

# IDS ENTERPRISES INC

## \$90 FOR 90 DAYS PROGRAM



**Jim Stekl – jstekl@sfinancial.com**

PHONE # 605-444-1105

FAX# 605-271-7133

<b>Customer Info</b>	Legal Business Name	Business Phone No.	
Business Street Address		City/State/Zip Code	Fax No.
Fed Tax ID #	Email address	Cell phone #	Years in Business
County	Equipment Location (Address, State, Zip)	Description of Business	State of Corp.

Proprietorship  
  Corporation  
  General Partnership  
  Limited Partnership  
  Limited Liability Company (LLC)  
  State or Local Government

<b>Ownership Info</b> <i>(Owners, partners and or principals / officers)</i>	Name	Title	% Ownership	Home Phone No.
	Home Address		City/State/Zip Code	Social Security No
	Name	Title	% Ownership	Home Phone No.
	Home Address		City/State/Zip Code	Social Security No.

<b>Banking information</b>	Bank Name	Account #	Contact & Phone #
----------------------------	-----------	-----------	-------------------

<b>Trade or Finance Information</b>	Company Name	Contact Person	Phone #
	Company Name	Contact Person	Phone #

<b>Equipment Description</b>	Vendor / Dealer	Equipment Description	Financing Amount Request \$
------------------------------	-----------------	-----------------------	-----------------------------

I (We) authorize Security Leasing Services, Inc. and/or its assigns and designees to investigate all credit information, including but not limited to consumer credit reports, bank and trade references and accountant information for purposes of processing this lease credit application. 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 or collecting the resulting account. All principals hereto agree that a fax copy of this application may be treated as and considered the same as an original, including the signature(s) below. By providing your fax number, you agree to receive advertisements via facsimile from SLS. Regulation B provides you the right to obtain a written statement of the specific reasons for adverse credit decisions. To obtain such statement, please contact us in writing within sixty (60) days from the date you are notified of our decision. We will provide our written response within thirty (30) days thereafter. I (We) certify that the above information provided is true and correct.

X \_\_\_\_\_ NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

X \_\_\_\_\_ NAME: \_\_\_\_\_ DATE: \_\_\_\_\_