louman money®

A program of De Lage Landen Financial Services

Customer Information / Credit Application

Phone: (800) 735-3273
Facsimile: (800) 326-4739

VENDOR

Vendor Name	Contact Name
Address	Phone Number
City State Zip	Fax Number Vendor I.D. Number

CUSTOMER

Business Name	Phone Number with Area Code
Billing Address	Type of Business
	D&B Rating Number
Date Business Started	Business Structure ■ Corporation ■ Partnership ■ Proprietorship ■ Municipal ■ Non-Profit

PRINCIPAL (S)

Owner Name		Owner Name	
Social Security Number	Title	Social Security Number	Title
Home Address		Home Address	
City State Zip		City State Zip	
Phone Number with Area Code		Phone Number with Area Code	

BANK REF.

Bank Name		Bank Name	
Branch Address		Branch Address	
Name of Officer/Contact	Phone Number	Name of Officer/Contact	Phone Number
Checking Account Number	Date Account Opened	Checking Account Number	Date Account Opened

EQUIPMENT INFORMATION

Quantity	Equipment Make	Model Number	Description (Attach Separate Schedule if Necessary)

Equipment Cost	(PLUS)	Installation/Maintenance Cost	(PLUS)	Other Software Cost	(EQUALS)	Total Cost
	+		+		=	

Term in Months	Rate Factor	Purchase Option:
		☐ FMV ☐ $1 ☐ 10% ☐ Other _

Equipment Location (if not same as above) City State Zip

PAYMENT INFO.

Number of Lease Payments	Lease Payment	(PLUS)	Sales Tax	(EQUALS)	Total Lease Payment
		+		=	
		+		=	
		+		=	

Term of Lease in Months

Payment Frequency: ☐ Monthly ☐ Quarterly ☐ Other _____

Security Deposit	(PLUS)	First Period Payment	(PLUS)	Other	(EQUALS)	Total Payment Enclosed
	+		+		=	

THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT OUR ECOA COMPLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF THIS ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO 111 OLD EAGLE SCHOLE ROAD, WAYNE, PA 19087 OR BY CALLING (610) 386-5641. WHEN CONTACTING THE DEPARTMENT, PLEASE BE SURE TO REFERENCE THE APPICATION NUMBER ON THE NOTIFICATION LETTER. WE WILL PROVIDE YOU WITH A STATEMENTOF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER WE HAVE RECEIVED YOUR REQUEST. NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATION AGAINST APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARTIAL STATUS, AGE (PROVIDED THE APPLICATION HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT) BECAUSE ALL OR PART OF THE APPLICANT'S INCOMEDERIVES FROM ANY PUBLIC ASSISTANT PROGRAM, OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING LESSOR IS THE FEDERAL TRADE COMMISION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580. I HEREBY AUTHORIZE LESSOR OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY LESSOR TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY.

PLEASE CHECK _____ I HAVE RECEIVED A COPY OF MY LEASE APPLICATION.

SIGNATURE _____ TITLE _____ DATE _____