

# 90/Zero: 90 Days Zero Payments Zero Doc Fee Zero Down



## 90 Days:

### Nothing Down and No Payments

- \$0 Payments
- \$0 Doc Fee
- \$0 Down

### No Payments for 90 days

- First payment due after 90 days
- Choose a 3, 4, or 5 year term
- Monthly payments
- \$1.00 Buyout to own the equipment at the end of term

**Get your equipment today  
with nothing due for 90 days.**

## Rate Factors

Factors (below) are multiplied times total cost to calculate monthly payment

| Term      | Rate Factors |
|-----------|--------------|
| 36 Months | .0366        |
| 48 Months | .0294        |
| 60 Months | .0253        |

### 3-Year Example

\$10,000   X   .0366   =   \$366.00 / mo.

### Your Numbers

\$  X  = \$  / mo.

Equipment Cost      Rate Factor From Chart      Monthly Payment Amount

Vendor:   
Rep:   
Cell:

**FAX 844.727.9301**

Submit your completed application  
from the reverse side.

**CALL 844.727.9300**

Contact Josh Rasmussen for  
a tailored plan or more information.

All plans are subject to qualified credit and taxes. Rates are subject to change by lessor. Available in the continental U.S. only. (blue 11/08)

EQUIPMENT FINANCING SINCE 1979   n   PO BOX 71397 | DES MOINES, IA 50325 | PHONE: 844.727.9300 | FAX: 844.727.9301





Box 71397  
Des Moines, IA 50325  
Fax: 844-727-9301  
Phone: 844-727-9300

## Equipment Leasing

## CREDIT APPLICATION

### VENDOR AND PLAN INFORMATION

|  |  |        |          |
|--|--|--------|----------|
| SALES REP  | CELL   | VENDOR |          |
| SALES PRICE<br>\$  | <input type="checkbox"/> with tax <input type="checkbox"/> without tax | TERM   | COMMENTS |
| <input type="checkbox"/> BestBuy <input type="checkbox"/> Baker's Dozen <input type="checkbox"/> Promo _____<br><input type="checkbox"/> Other: Buy Out _____ Paid Up Front # _____ Other: _____ |  |        |          |

### EQUIPMENT

### BUSINESS INFORMATION

|   |                               |                              |  |     |        |
|---|-------------------------------|------------------------------|--|-----|--------|
| BUSINESS NAME   |                               | FEDERAL ID #                 |  |     |        |
| STREET ADDRESS  |                               | CITY                         | STATE  | ZIP | COUNTY |
| <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION |                               | <input type="checkbox"/> LLC | <input type="checkbox"/> OTHER _____         |     |        |
| NATURE OF BUSINESS  |                               |                              | EMPLOYEES<br>Full Time _____ Part Time _____ |     |        |
| YEARS IN BUSINESS   | YEARS UNDER CURRENT OWNERSHIP | PHONE #                      | FAX #  |     |        |
| BILLING CONTACT   | NAME                          | PHONE #                      | EMAIL  |     |        |

### BANK INFORMATION

|                                       |  |         |       |              |
|---------------------------------------|--|---------|-------|--------------|
| BANK REFERENCE(S) / ACCOUNT NUMBER(S) |  | CONTACT | PHONE | CITY & STATE |
|                                       |  |         |       |              |
|                                       |  |         |       |              |

### PRINCIPAL(S) INFORMATION

| ALL OWNERS, OFFICERS & STOCKHOLDERS OVER 10% | % of Ownership | TITLE | SOCIAL SECURITY NUMBER | DOB | HOME ADDRESS<br>STREET/CITY/STATE/ZIP |
|--|----------------|-------|------------------------|-----|---------------------------------------|
|  |                |       |                        |     |                                       |
|  |                |       |                        |     |                                       |
|  |                |       |                        |     |                                       |
|  |                |       |                        |     |                                       |

### AUTHORIZATION

I authorize release of any credit or financial information to KLS Equipment Leasing

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FAX TO: 844.727.9301