

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

$$\text{\$10,000} \times .0366 = \text{\$366.00 / mo.}$$

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 Rasmusson 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 \$ <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 _____		
<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 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 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