RSA FINANCIAL CORPORATION

203 Arbor Drive
Lamar, MO 64759
(417) 682-6693 Office / Message Center
(866) 637-2673 Fax

It's As Easy As "1 - 2 - 3"

1.

Customer Full Business Name	Supplier Name
Name:	Name:
Address:	Telephone:
City: ST: Zip:	Contact:: Ext:
Telephone:	Fax Number:
Fax :	Cell Number:
Contact: Title:	**TERM:** ☐ 24 MONTHS ☐ 36 MONTHS ☐ 48 MONTHS ☐ 60 MONTHS
Cell Number:	
Email:	Equipment Cost: $
☐ CORPORATION ☐ PROPRIETORSHIP **YEARS IN BUSINESS**	Equipment Description: ☐ New ☐ Used
☐ PARTNERSHIP ☐ L.L.C. **Date Incorporated**	
Federal Tax ID #	

2.

Personal Information (Officers/Partners)

Percent of Ownership: %		
Name:		**Social Security #**
Address:		Home Phone #
City:	State:	Zip:

Percent of Ownership: %		
Name:		**Social Security #**
Address:		Home Phone #
City:	State:	Zip:

3.

Business Bank Information

Bank Name:	**Account #**
Contact Person:	Phone #:

THIS APPLICATION DOES NOT OBLIGATE LESSOR TO ENTER INTO THE LEASE.

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes RSA Financial Corp. or its designee, assigns. or potential assigns, to obtain from third parties information it deems necessary to arrive at a decision regarding this Application. By signing below the undersigned individual(s) as principal of and/or guarantor, for the applicant, authorizes RSA Financial Corp., its designees, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. I authorize all deposit, borrowing, financial and trade information to be released to RSA Financial Corp. its designee, assigns, or potential assigns by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

X _____ X _____

Signature Signature

Please FAX to RSA Financial Corp (866) 637-2673