

COMPLETE AND FAX TO: 512-343-9211

FROM: _____

TO ADSLED REPRESENTATIVE: _____

COMPANY INFORMATION

Company Name: _____

Contact Name & Title: _____

Address: _____

City, State, Zip: _____

Federal Tax ID: _____

Business Phone: _____

Cell Phone: _____

Fax: _____

Email: _____

Year Started: _____

Year Started Current Ownership: _____

Business Type: Partnership LLC SoleProp
 S-Corp Corporation Non-Profit

PRINCIPAL OWNER'S INFO

Principal I Name: _____

Phone# _____ % Ownership: _____

SSN# _____ Birthdate: _____

Home Address: _____

Principal II Name: _____

Phone# _____ % Ownership: _____

SSN# _____ Birthdate: _____

EQUIPMENT

Vendor Name: AdsLED, Inc

Equipment: _____

New _____ Used _____

Estimated Equipment Cost: _____

Time Frame for Purchase: _____

Monthly Budget for Purchase: _____

BANK & TRADE REFERENCES

Bank Reference

Bank Name: _____

Account# _____

Contact: _____

Phone: _____

Trade Reference

Trade Name: _____

Account# _____

Contact: _____

Phone: _____

Signature: X

Print Name: _____

Title: _____

Date: _____

Delivery of this application bearing a facsimile signature(s) shall have the same force and effect as if the application bore an inked signature(s). The applicant certifies that all information provided is true, correct and complete and that the account will be used solely for business and commercial purposes. The applicant, owner(s) and guarantor (if any) authorize AdsLED's lending companies or its designee(s) or assignee(s) to obtain any information it may request from any business or consumer reporting agency(ies) or other sources that provide credit reports, account history information, credit and employment history or similar information; such authorization shall extend to update renewal or credit and for reviewing or collecting the account. The applicant acknowledges that, based upon such information and other factors which may apply, AdsLED's lending companies or its assignee(s) or designee(s), in their sole discretion, may either grant or decline to grant credit. By signing above, I also wish to continue to receive updates regarding our account. Information should be sent to the fax number and/or email address given for the account.