

Acoustical Surfaces, Inc.
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 Chaska, MN 55318
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 Toll-Free: 800-854-2948 Email: sales@acousticalsurfaces.com



Dennis Biedrzycki

EQUIPMENT LEASING APPLICATION

BUSINESS	FULL LEGAL BUSINESS NAME/LESSEE			TELEPHONE	FAX NUMBER
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY) (ZIP CODE)
	TYPE OF BUSINESS	CONTACT	CONTACT E-MAIL ADDRESS		AGE OF BUSINESS FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET) Own ___ Rent ___ (CITY)			(STATE)	(COUNTY) (ZIP CODE)

OWNER	Business Structure (Check One) Proprietorship ___ Partnership ___ Corporation ___			State of Incorporation ___		
	1 ST PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET) Own ___ Rent ___ (CITY) (STATE) (ZIP CODE)				<input type="checkbox"/> Guaranty	WORK E-MAIL ADDRESS
	HOME E-MAIL ADDRESS		CELL PHONE NO.	HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE NO.
	2 ND PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET) Own ___ Rent ___ (CITY) (STATE) (ZIP CODE)				<input type="checkbox"/> Guaranty	WORK E-MAIL ADDRESS
	HOME E-MAIL ADDRESS		CELL PHONE NO.	HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE NO.
	3 RD PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET) Own ___ Rent ___ (CITY) (STATE) (ZIP CODE)				<input type="checkbox"/> Guaranty	WORK E-MAIL ADDRESS
	HOME E-MAIL ADDRESS		CELL PHONE NO.	HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE NO.

BANKS	BANK	BRANCH	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	OUTSTANDING LOANS	CONTACT
	BANK	BRANCH	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	OUTSTANDING LOANS	CONTACT

INS	INSURANCE COMPANY	BROKER	TELEPHONE	FAX
	AGENT	POLICY NO (IF KNOWN)		

EQUIPMENT	VENDOR			CONTACT
	ADDRESS (STREET)		(CITY)	(STATE) (ZIP CODE) TELEPHONE
	EQUIPMENT TO BE LEASED			ESTIMATED DELIVERY DATE
	COST OF EQUIPMENT \$	RATE / MO. PAYMENT	TERMS OF LEASE	RESIDUAL

I hereby authorize Leasing Services, LLC or any credit bureau or other investigative agency employed by Leasing Services, LLC 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.

 SIGNATURE/TITLE DATE

 SIGNATURE/TITLE DATE