



LES
Laundry Equipment Services

CUSTOMER APPLICATION

Please Return Completed Application To:

Fax: 301-790-0009
 Email: info@leslaundry.com
 Mail: 13015 Salem Avenue
 Hagerstown, MD 21740

Business	
Applicant _____	DBA _____
Address _____	Requested Amount _____
City/State/Zip _____	Requested Terms _____
Phone _____	Date of Application _____
Business Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State: _____ <input type="checkbox"/> LLC	
How Long In Business: _____	Years of Current Ownership: _____ FEIN/SSN: _____

Ownership	
Principal's Name _____	Title _____
Address _____	State _____ Zip _____
E-Mail _____	
Phone _____	Mobile _____
% of Ownership: _____	U.S. Citizen: Yes No If No, How Long in U.S.? _____ Co Applicant: Yes No

Bank Reference	Contact, Title, and Phone Number
_____	_____
_____	_____

Trade References: Company, Address, Contact, and Phone Number (a minimum of two required)

The undersigned principal certifies that he/she has full authority to act on behalf of the applicant. The applicant certifies that all the information contained in this application and on each document required to be submitted in connection herewith are true and complete. An electronic copy of this authorization shall be as valid as the original. By signing below, you are authorizing Laundry Equipment Services, Inc. to contact your bank and trade references. This application will be used to determine your creditworthiness only for Laundry Equipment Services, Inc. to provide consulting services and will not be used to obtain a credit profile from a national credit bureau. If credit is denied for any reason, a written statment will be available to you.

SIGNED: _____ **TITLE:** _____ **DATE:** _____