

Laundrylux Financial Services

PROFESSIONAL LAUNDRY EQUIPMENT FINANCE APPLICATION

BUSINESS

APPLICANTS(S) (Exact legal name)		DBA	
ADDRESS			
CITY	STATE	ZIP	PHONE
LOCATION OF EQUIPMENT ADDRESS			
CITY	STATE	ZIP	PHONE
CELL PHONE		EMAIL	
GROSS ANNUAL SALES	YEARS IN BUSINESS	YEARS UNDER CURRENT OWNERSHIP	FEDERAL TAX I.D.
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co.			STATE OF INCORPORATION

OWNERSHIP

PRINCIPAL #1 NAME			
TITLE	% OWNERSHIP	SOCIAL SECURITY NO.	YEARS OF INDUSTRY EXPERIENCE
ADDRESS			
CITY	STATE	ZIP	PHONE
PERSONAL ANNUAL GROSS INCOME (Not including spouse)		MORTGAGE/RENT (Residence only)	BIRTH DATE (MM/DD/YYYY)
PRINCIPAL #1 NAME			
TITLE	% OWNERSHIP	SOCIAL SECURITY NO.	YEARS OF INDUSTRY EXPERIENCE
ADDRESS			
CITY	STATE	ZIP	PHONE
PERSONAL ANNUAL GROSS INCOME (Not including spouse)		MORTGAGE/RENT (Residence only)	BIRTH DATE (MM/DD/YYYY)

BANK

BANK NAME	BUSINESS ACCOUNT BALANCE
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GENERAL INFORMATION

ARE YOU NAME IN ANY SUITS OR LEGAL ACTIONS? <input type="checkbox"/> No <input type="checkbox"/> Yes	IF YES, PLEASE EXPLAIN
HAVE YOU OR A BUSINESS YOU'VE OWNED EVER DECLARED BANKRUPTCY? <input type="checkbox"/> No <input type="checkbox"/> Yes	IF YES, PLEASE EXPLAIN

If the business has been in operation under present ownership for less than two years, or if the financing requirement exceeds \$75,000, please complete the Personal Financial Statement on page 2. If this does not apply, move directly to Financing Requested section on page 2. Please ensure that you sign where indicated on page 2 before forwarding this application. Please supply any additional financial information that you believe will assist LFS in making a credit decision.

FAX COMPLETED APPLICATION TO LFS AT (516) 371-4204, ATTN: JOE PEDONE, CREDIT MANAGER

If available, please include an itemized quote from your dealer. Our decision may be delayed if all appropriate sections are not accurately completed.

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(Required if the financing requested exceeds \$75,000 or if operation under present ownership is less than two years.) If additional space is needed, please attach your own schedule.

PERSONAL FINANCIAL STATEMENT	
TOTAL AVAILABLE CASH *	\$
TOTAL IN RETIREMENT ACCOUNTS	\$
MARKETABLE SECURITIES (stocks, bonds, etc.)	
1.	\$
2.	\$
VALUE OF REAL ESTATE	\$
AUTOMOBILES	
1.	\$
2.	\$
TOTAL ASSETS	\$

LIABILITIES	
LOANS DUE TO BANKS, ETC.	\$
LOANS DUE TO OTHERS	\$
CREDIT CARD BALANCE DUE	\$
INCOME TAXES DUE	\$
REAL ESTATE MORTGAGES	\$
OTHER DEBTS (list all contingent liabilities as cosigner, guarantor, etc.)	
1.	\$
2.	
TOTAL LIABILITIES	\$
TOTAL ASSETS MINUS TOTAL LIABILITIES	\$

DETAIL — REAL ESTATE OWNED AND RELATED MORTGAGES					
FULL PROPERTY ADDRESS	DATE ACQUIRED	ORIGINAL COST	CURRENT VALUE	MORTGAGE BALANCE	NAME OF BANK

- Enclosed Tax Returns for the most recent two years
- Enclosed recent statements to verify cash and investments
- Enclosed three (3) months bank statements (only first page required).

→ **Start-up laundries or new owners of existing store being retooled:**
Please include 1) Complete resume of owner listing owned or managed history and respective dates and 2) Digital photos of the location emailed to credit@laundryluxfs.com

FINANCING REQUESTED (Must be completed by all applicants)		
AMOUNT REQUESTED	FINANCE PROGRAM	EQUIPMENT COST

ELECTROLUX OR WASCOMAT PROFESSIONAL LAUNDRY DEALER		
DEALER NAME	CONTACT	PHONE

I understand that this equipment application may be approved based on my business and personal credit. I authorize Laundrylux Financial Services (LFS) or its assignees to check references, bank accounts and credit information.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

EOCA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT). If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Credit Manager, Attn: Credit Manager, Laundrylux Financial Services, 461 Doughty Blvd., Inwood, NY 11096, (516) 371-4400 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial with 30 days of receiving your request for the statement. Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract) because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is the Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.