



Viking Financial Services L.L.C.
469 Doughty Blvd. Inwood, NY 11096

Wascomat

Thinking of you

Electrolux

BUSINESS PROFESSIONAL LAUNDRY EQUIPMENT FINANCE APPLICATION

Applicant(s) (Exact Legal Name)				DBA	
STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE NO. ()
LOCATION OF EQUIPMENT		CITY	STATE	ZIP	FACSIMILE NO. ()
CELL PHONE NO. ()			EMAIL ADDRESS		
GROSS ANNUAL SALES	YEARS IN BUSINESS	YEARS UNDER CURRENT OWNERSHIP	FEDERAL TAX ID NO. (IF ANY)		
<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	SOCIAL SECURITY NO.	% OWNERSHIP	YEARS INDUSTRY EXPERIENCE
STREET ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE NO. ()
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	MONTHLY MORTGAGE/RENT (Residence Only)		BIRTH DATE (MM/DD/YYYY)		
PRINCIPAL #2 NAME		TITLE	SOCIAL SECURITY NO.	% OWNERSHIP	YEARS INDUSTRY EXPERIENCE
STREET ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE NO. ()
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	MONTHLY MORTGAGE/RENT (Residence Only)		BIRTH DATE (MM/DD/YYYY)		

BANK

BANK NAME	BUSINESS ACCOUNT BALANCE
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GENERAL INFORMATION

ARE YOU NAMED 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 section 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 Viking in making a credit decision.

Fax completed application to (516) 371-4204

Attention: Joe Pedone

Toll-free: (800)645-2209 • Tel: (516)371-4202 • Email: jpedone@vikingfs.com

If available, please include an itemized quote from your dealer.

Viking's decision may be delayed if all appropriate sections are not accurately completed.

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

ASSETS

TOTAL AVAILABLE CASH *	\$
TOTAL IN RETIREMENT ACCOUNTS (IRA) *	
MARKETABLE SECURITIES (STOCKS, BONDS, ETC.) - LIST HERE *	
VALUE OF REAL ESTATE (DETAIL BELOW)	
AUTOMOBILES (LIST HERE)	
TOTAL ASSETS	\$

LIABILITIES

LOANS DUE TO BANKS, ETC.	\$
LOANS DUE TO OTHERS	
CREDIT CARD BALANCE DUE	
INCOME TAXES DUE	
REAL ESTATE MORTGAGES (DETAIL BELOW)	
OTHER DEBTS (LIST ALL CONTINGENT LIABILITIES AS CO-SIGNER, GUARANTOR, ETC.)	
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 three (3) months bank statements (only first page required).
 *Enclosed recent statements to verify cash and investments

START-UP LAUNDRIES OR NEW OWNERS OF EXISTING STORES BEING RETOOLED: Please include 1) Complete résumé of owner - listing owned or managed history and respective dates and 2) Digital photos of the location – emailed to jpedone@vikingfs.com.

Financing Requested • Must be completed by all applicants

AMOUNT REQUESTED	FINANCE PROGRAM	EQUIPMENT COST
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Wascomat or Electrolux Professional Laundry Equipment Dealer

DEALER NAME	CONTACT	TELEPHONE NO.
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I understand that this equipment application may be approved based on my business and personal credit. I authorize Viking Financial Services L.L.C. or its assignees to check references, bank accounts and credit information.

X _____
 APPLICANT'S SIGNATURE

_____ DATE

X _____
 APPLICANT'S SIGNATURE

_____ DATE

ECOA 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, Viking Financial Services LLC, 461 Doughty Boulevard, Inwood, NY 11096 • (516)371-4202 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 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.