

**FAX or MAIL to:**  
**Sally Quickship Equipment**  
**PO Box 490**  
**Denton, TX 76202**  
**Phone:800-444-7712 Fax:940-483-4404**



# LEASE APPLICATION

Sally Beauty Supply Store You Shop at (if applicable)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lessee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Equipment Description: \_\_\_\_\_

Cost: \_\_\_\_\_ Term: \_\_\_\_\_ Buyout: \_\_\_\_\_

Location (if other than above): \_\_\_\_\_

Time in Business: \_\_\_\_\_ Industry: \_\_\_\_\_

Business Structure:  Proprietorship  Partnership  Corporation

### GUARANTORS/OWNERS:

Name	Address	Social Security #	Title
_____	_____	_____	_____

### BANK INFORMATION:

Bank	Phone #	Account #	Contact
Checking: _____	_____	_____	_____
Loans: _____	_____	_____	_____

### INSTALLMENT DEBT (Finance, Leasing, of Bank):

Type	Name	Phone #	Account #	Contact
_____	_____	_____	_____	_____

### MAJOR TRADE ACCOUNTS:

Name	Phone #	Contact
_____	_____	_____

### LANDLORD/MORTGAGE HOLDER:

Name	Phone #	Contact
_____	_____	_____

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge. For the purpose of securing lease financing, I authorize all bank and trade reference information to be released by telephone or fax to: Sally Quickship Equipment

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_