

The Spa Exchange

THE SOURCE FOR HEALTH THROUGH WATER™

Tel: 800.977.1916 | Fax: 952.935.1923

www.thespaexchange.com

EQUIPMENT SUPPLIER

Supplier _____ Contact Name _____ Phone _____

DESIRED TERMS

12 24 36 48 60

Lease Term in Months _____ Equipment Cost _____ Equipment Type _____

COMPANY INFORMATION

Company (Exact Legal Name) _____ DBA _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____ Cell Number _____

Location of Equipment (if different) _____ City _____ State _____ Zip _____ Fax Number _____

Email Address _____ Type of Business _____
 Proprietorship Corporation Partnership Limited Liability Co.

Years Under Current Owner _____ Yearly Revenues _____ Years in Business _____ Federal Tax ID Number (if any) _____

OWNERSHIP

1
 Principal Name / Title _____ % Ownership _____ Social Security Number _____ License Number _____ No. of Years Licensed _____

Street Address _____ City _____ State _____ Zip _____ Phone Number _____

2
 Principal Name / Title _____ % Ownership _____ Social Security Number _____ License Number _____ No. of Years Licensed _____

Street Address _____ City _____ State _____ Zip _____ Phone Number _____

BANK / TRADES

Bank Name _____ City / Branch _____ Contact Name _____ Phone Number _____

Business Checking Account Number _____ Savings Account Number _____ Loan Account Number _____

1
 Company Trade Reference _____ Contact _____ Phone Number _____ Account Number _____

2
 Company Trade Reference _____ Contact _____ Phone Number _____ Account Number _____

The undersigned represents that all information provided within this application is true and correct and hereby authorizes The Spa Exchange or its assignee to review his/her personal credit profile and to obtain information from various financial institutions for the extension, update, or renewal of credit to the applicant. A fax or photocopy of this application shall be valid as the original.

Fax completed application or mail to:

ATTN: Credit Department

FAX: 952.935.1923

Po Box 1189

Minnetonka, MN 55345

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 is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Lessor set forth above 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.

X _____
 AUTHORIZED SIGNATURE

_____ DATE

X _____
 AUTHORIZED SIGNATURE

_____ DATE

Additional information may be required based upon time in business and application amount.