



LESSEE APPLICATION

Company Name: _____ Tel () _____ Fax () _____
Headquarter Address: _____ Years in Business: _____
Trade Name / DBA: _____ Federal Tax ID #: _____
Business Structure: Corp. Partnership Sole Prop. LLC Duns #: _____
Type of Business: _____ Web Address: www. _____
Equipment Location: _____ E-Mail Address: _____

OWNERS / PRINCIPALS INFORMATION

Name: _____ Title: _____ %Owner: _____ Tel. () _____
Address: _____ City/State _____ Zip: _____
Name: _____ Title: _____ %Owner: _____ Tel. () _____
Address: _____ City/State _____ Zip: _____

BUSINESS / BANKING INFORMATION

Bank: _____ Contact: _____ Tel. () _____
Bank: _____ Contact: _____ Tel. () _____

BUSINESS LOAN REFERENCES

(Please Include Equipment Lease/ Loans, Trades, and Suppliers)

1. _____ Account#: _____ Contact: _____ Tel. _____
2. _____ Account#: _____ Contact: _____ Tel. _____
3. _____ Account#: _____ Contact: _____ Tel. _____

VENDOR AND EQUIPMENT INFORMATION

Vendor: Wisconsin Oven Corporation Tel. 262-642-3938 Fax 262-363-4018
Address: 2675 Main Street, P.O. Box 873 City / State: East Troy, WI Zip: 53120

Equipment Description: _____
Equipment Cost \$ _____ Term: 24 36 48 60 months Buyout Option: \$1 10% FMV

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

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.

Applicant's Signature: _____ Date: _____ Title: _____

Applicant's Signature: _____ Date: _____ Title: _____

2675 Main Street, PO Box 873, East Troy, WI 53120

262-642-3938 • 262-363-4018 • www.wisoven.com • sales@wisoven.com