

KaTom

RESTAURANT SUPPLY, INC.



Take advantage of a great financing offer from Manitowoc – 0% financing for 24 months on qualified purchases. Some restrictions apply.

Please fill out all of the requested information below.

Remember to sign and date at the bottom when you have completed the application.

Submitting your application:

- Fax it to: 800-821-9130
- Print and Mail it to:

305 KaTom Drive
Kodak, TN 37764

You will be contacted as soon as a credit decision has been made.

Please call our sales team at 800-541-8683 for more information regarding financing.



A Foodservices Financing Program Powered by Marlin

EQUIPMENT FINANCE CREDIT APPLICATION

App #: _____
Sales Rep: _____

The business equipment you are acquiring can be leased (subject to acceptance by one of the lessors identified above) under the following terms:

TOTAL EQUIPMENT COST: \$ _____ Term: _____ mos. Rate Factor Used: _____
Monthly Payment (plus applicable taxes): \$ _____ Purchase Option: _____
Advance Rentals: \$ _____ Security Deposit: \$ _____ Other: _____

EQUIPMENT BEING LEASED (include quantity, make, model, serial number and accessories)

CHECK HERE IF EQUIPMENT IS USED:

Equipment Location (if different than below.) _____
Street City County State Zip

LESSEE INFORMATION

MAY WE CONTACT LESSEE IF ADDITIONAL INFORMATION IS NEEDED? YES NO

Full Legal Business Name: _____ Contact Name: _____
Address: _____
Street City County State Zip
E-Mail: _____ Web Address: _____ No. of Employees: _____
Phone: _____ Fax: _____ Federal Tax ID #: _____ Years in Business: _____
Nature of Business: _____ Years of Ownership: _____
State of Incorporation/Organization: _____ Business Type: Corp. Limited Liability Corp. Partnership Proprietorship

OWNERS, PARTNERS OR GUARANTORS

1) Name: _____ Title: _____ SS#: _____
Home Address: _____ Home Phone: _____
2) Name: _____ Title: _____ SS#: _____
Home Address: _____ Home Phone: _____

BANK INFORMATION

Name of Bank: _____ Bank Officer: _____
Phone: _____ Deposit/Check Acct #: _____ Loan Acct. #: _____
Name of Bank: _____ Bank Officer: _____
Phone: _____ Deposit/Check Acct #: _____ Loan Acct. #: _____

TRADE REFERENCE

Name of Supplier: _____ Contact: _____
Address: _____ Phone: _____

VENDOR INFORMATION

DEALER GROUP CODE: _____
Name: _____ Contact: _____
Address: _____
Street City County State Zip
Phone: _____ Fax: _____ E-Mail: _____

The person(s) supplying the above information certifies to both potential lessors identified above that it is true and correct. The Owners/Partners/Guarantors recognize that their individual credit histories may be a factor in the evaluation of the lease applicant and, thus, authorize the lessor(s) or its assignee or its designee to investigate their personal credit status. This includes obtaining and using their consumer credit reports from time to time in the credit evaluation and collection processes, as well as to offer future credit products or services.