

MALY'S

Salon and Spa Furnishings

— FINANCING APPLICATION —

LEASE-TO-OWN FINANCING

- ✓ SIMPLE APPLICATION, EASY-TO-BUDGET MONTHLY PAYMENTS, \$1.00 BUYOUT
- ✓ PERFECT FOR REMODELS, RELOCATIONS, SPA EXPANSIONS AND ADDITIONS
- ✓ PROGRAMS FOR NEW SALONS, SPAS AND NEW OWNERS
- ✓ CABINETRY, STATIONS, DISPLAY CASES, CHAIRS, BACK BARS, PROCESSORS, TANNING, MANICURE, PEDICURE AND SKIN CARE EQUIPMENT, ETC.



Business Name		Federal Tax ID No.		Phone #
Address				Fax #
City	County	State	Zip	Cell #
Location of Equipment (if other than above)				Email:
<input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop		Age of Business	How long have you been an owner?	Website:
LIST ALL OWNERS – USE SEPARATE SHEET IF NECESSARY				
Business Owner		Title	% Own	Social Security #
Home Address	City	State	Zip Code	Home Phone #
Business Owner		Title	% Own	Social Security #
Home Address	City	State	Zip Code	Home Phone #
BUSINESS BANK ACCOUNT - IF NEW SALON LIST PERSONAL ACCOUNT				
Name of Bank	Average Monthly Bal. \$		Account Number	
ATTACH COPY OF EQUIPMENT SALES ORDER OR INDICATE APPROXIMATE DOLLAR AMOUNT BELOW				
Sales Consultant			Approximate Equipment Cost \$	

I hereby certify: (i) the information provided above is true and correct, (ii) you and/or your nominee are hereby authorized to investigate all bank, credit and trade references, and said references are hereby authorized to release any requested information to you or your nominee, (iii) such authorization shall extend to obtaining personal credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for renewing or collecting the resulting account, (iv) this information may be transmitted by us to you and by you to underwriters for the purpose of granting to me credit, either electronically or manually, and that by submitting this application, I take full responsibility for transmission thereof, (v) I am over 18 years of age. (vi) I acknowledge my rights under the Fair Credit Opportunity Act, and (vii) this request is for business and not consumer purposes.

Signed: _____ Date: _____ Signed: _____ Date: _____

COMPLETE THE ABOVE APPLICATION AND FAX TO 800.339.3552. WHY NOT DO IT NOW WHILE YOU'RE THINKING ABOUT IT? QUESTIONS - CALL NEIL DOHERTY AT 800.325.2332 OR VISIT US ON THE WEB AT www.gocolonialfinancial.com

"...and don't let less-than-perfect credit hold you back from the salon of your dreams"