

Laundrylux Financial Services Credit Application



Electrolux

 Wascomat

CROSSOVER®

**Please complete and Email to: finance@laundrylux.com
or Fax to: (866) 204-2333**

OWNER INFORMATION

NAME _____ S.I.N _____ D.O.B _____
ADDRESS _____
CITY/PROVIDENCE/POSTAL CODE _____
FINANCED AMOUNT REQUESTED \$ _____
PROGRAM _____

PARTNER INFORMATION (IF APPLICABLE)

NAME _____ S.I.N _____ D.O.B _____
ADDRESS _____
CITY/PROVIDENCE/POSTAL CODE _____
YEARS IN BUSINESS _____
YEARS UNDER CURRENT OWNERSHIP _____

BUSINESS INFORMATION

NAME _____
TELEPHONE _____ FAX _____
BILLING ADDRESS _____
CITY/PROVIDENCE/POSTAL CODE _____

BUSINESS START DATE _____
EMAIL ADDRESS _____
EQUIPMENT ADDRESS _____
CITY/PROVIDENCE/POSTAL CODE _____

ELECTROLUX PROFESSIONAL OR WASCOMAT COMMERCIAL LAUNDRY DISTRIBUTOR

DISTRIBUTOR NAME _____ CONTACT _____ PHONE _____

PLEASE READ AND SIGN

SIGNATURE _____ TITLE _____ DATE _____

SIGNATURE _____ TITLE _____ DATE _____

Certification / Authorization: I (we) certify that all information I (we) provided on all pages of this Credit Application, including any additional pages, is accurate and truthful and acknowledged: that Wascomat of Canada, Inc., its agents, successors and assigns will rely on the information contained in this Application and I/we have a continuing obligation to amend and/or supplement the information provided in this Application if any of the material facts which I/we have represented herein should change prior to the closing of the loan that I/we have applied for. I (we) authorize: (1) you, your assignee and/or Wascomat of Canada, Inc. to request and review my (our) credit profiles and reports to verify all information herein; (2) my (our) employer, my (our) bank, and other references to release and/or verify information to you or your assignee so that my (our) eligibility for financing can be determined; and, (3) you to assign this Credit Application. If you or your assignee agree to provide the requested financing, I (we) further authorize you or your assignee to: (A) request and review from time to time, my (our) credit profiles and reports until such time as said financing is fully satisfied; and, (B) record Financing Statements/Claims for Liens against me (us) and/or organization that I (we) represent and thereby create and/or perfect and/or protect your current and/or future security interest in any collateral that I/we, and/or organization that I (we) represent, use to secure my (our) current and/or future obligations to you. If I (we) elect to forward this Application to you by facsimile transmission, such facsimile copy shall be deemed to be an original. A copy of the Certification/Authorization shall be valid as the original.

After review, you will be contacted by a Laundrylux Financial Services Representative.