

r d s

Resource Diversified Services
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APPLICATION

APPLICANT NAME: FIRST		M.I.	LAST		INDIVIDUAL _____	LLC _____
					PARTNERSHIP _____	DBA _____
					CORPORATION _____	OTHER _____
SOCIAL SECURITY #			E-MAIL ADDRESS			
STREET ADDRESS		CITY		STATE	ZIP CODE	
COUNTY	HOW LONG THERE? YEARS:	TIME IN AREA YEARS:	HOME OWNER?			
PHONE NUMBER		FAX NUMBER		CELL NUMBER		

EMPLOYMENT

EMPLOYER			FAX NUMBER		BUS. NUMBER	
STREET ADDRESS		CITY	STATE	ZIP	COUNTY	TIME ON JOB
ANNUAL INCOME \$	POSITION		TYPE OF BUSINESS?		FED. ID #	
PREVIOUS EMPLOYER	PHONE #		HOW LONG THERE?		POSITION HELD	

FINANCIAL

NAME OF BANK		BRANCH		CONTACT/PHONE #		
PREVIOUS EQUIP. FINANCED WITH		PHONE		YEAR & MAKE		DATE PAID OFF

CO-APPLICANT

NAME		MIDDLE INTITAL		LAST NAME		
SOCIAL SECURITY #			E-MAIL ADDRESS			
STREET ADDRESS		CITY		STATE	ZIP CODE	
COUNTY	HOW LONG THERE? YEARS:	TIME IN AREA YEARS:	HOME OWNER?			
EMPLOYER, ADDRESS, CITY, STATE, ZIP					TIME ON JOB	
JOB DESCRIPTION			PHONE NUMBER		ANNUAL INCOME \$	

EQUIPMENT

EQUIPMENT PURCHASED						
SPEC SHEET		ATTACHED		COMING	EQUIP. COST	\$

I authorize the investigation of all credit information included, but not limited to credit bureaus, bank and trade references, and account information for the purpose of processing the credit application. All owners/individuals listed above are affirming their intent to apply for credit.

 Signature

 Date

 Signature

 Date