

Choose Your Payment Plan



BestBuy Plan

First and Last as Upfront Security Deposit

- Two-payment security deposit.
- Monthly payments.
- Deposit may be surrendered to own the equipment at end of term.
- No doc fee, no app fee.
- Factors (below) are multiplied times total cost to calculate monthly payment amount.

Term	Rate Factors
24 Months	.0487
36 Months	.0344
48 Months	.0276
60 Months	.0237

3-Year Example

$$\text{\$10,000} \times .0344 = \text{\$344.00 / mo.}$$

Deposit up front: \$688.00. 34 remaining payments. Deposit may be surrendered as full payment for the equipment. Start to finish, 36 total payments.

Your Numbers

$$\text{\$ } \boxed{} \times \boxed{} = \text{\$ } \boxed{} \text{ / mo.}$$

Equipment Cost Rate Factor From Chart Monthly Payment Amount

Baker's Dozen Plan

13 Monthly Payments

- Payments are calculated by dividing the equipment cost by 12.
- Security deposit equal to one payment is due up front, then pay 12 regular monthly payments.
- At the end of the term, simply surrender the security deposit to own the equipment.
- No doc fee, no app fee.

Example

$$\text{\$10,000} / 12 = \text{\$833.33 / mo.}$$

Deposit up front: \$833.33, then 12 monthly payments of \$833.33.

Your Numbers

$$\text{\$ } \boxed{} / 12 = \text{\$ } \boxed{} \text{ / mo.}$$

Equipment Cost Monthly Payment Amount



Total Winding Supplies
2339 Front Street
Kansas City, MO 64120
PH: 816.221.1007

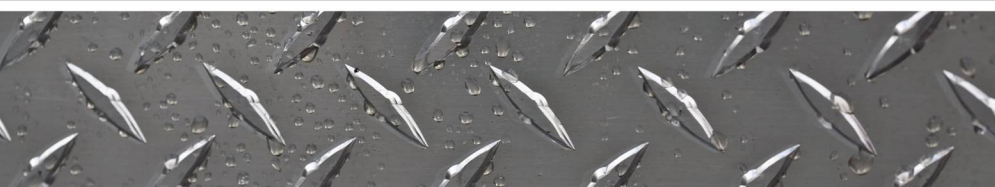
Rep: _____

Cell: _____

FAX 515.255.0147
Submit your completed application
from the reverse side.

CALL 800.325.2605
Contact Tim Murphy or Troy Jaros for
a tailored plan or more information.

All plans are subject to qualified credit and taxes. Rates are subject to change by lessor. Available in the continental U.S. only. (blue 11/08)





Box 71397
 Des Moines, IA 50325
 Fax: 515-255-0147
 Phone: 800-325-2605



CREDIT APPLICATION

VENDOR AND PLAN INFORMATION						
SALES REP		CELL		VENDOR AaLadin Central		
SALES PRICE \$		<input type="checkbox"/> with tax <input type="checkbox"/> without tax		TERM	COMMENTS	
<input type="checkbox"/> BestBuy <input type="checkbox"/> Baker's Dozen <input type="checkbox"/> Promo _____ <input type="checkbox"/> Other: Buy Out _____ Paid Up Front # _____ Other: _____						
EQUIPMENT						
BUSINESS INFORMATION						
BUSINESS NAME					FEDERAL ID #	
STREET ADDRESS			CITY	STATE	ZIP	COUNTY
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> OTHER _____						
NATURE OF BUSINESS					EMPLOYEES Full Time _____ Part Time _____	
YEARS IN BUSINESS	YEARS UNDER CURRENT OWNERSHIP		PHONE #		FAX #	
BILLING CONTACT	NAME		PHONE #		EMAIL	
BANK INFORMATION						
BANK REFERENCE(S) / ACCOUNT NUMBER(S)			CONTACT	PHONE	CITY & STATE	
PRINCIPAL(S) INFORMATION						
ALL OWNERS, OFFICERS & STOCKHOLDERS OVER 10%	% of Ownership	TITLE	SOCIAL SECURITY NUMBER	DOB	HOME ADDRESS STREET/CITY/STATE/ZIP	
AUTHORIZATION						
I authorize release of any credit or financial information to Lease Consultants Corporation.						
AUTHORIZED SIGNATURE: _____				DATE: _____		

FAX TO: 515-255-0147