

**LEASE SPECIAL**  
 CERTAIN CONDITIONS & RESTRICTIONS APPLY.  
 CALL FOR DETAILS

**36 MONTH LEASE** FOR AS LOW AS  
**\$50**  
 PER MONTH

**MAIL OR FAX TO:**  
**US FOODS CULINARY EQUIPMENT & SUPPLIES™**  
 Attn: Leasing Dept.  
 P.O. Box 64177  
 St. Paul, MN 55164  
 Fax: 866-463-9935

SALES REPRESENTATIVE:

**PLEASE PRINT LEGIBLY WITH BLUE OR BLACK INK**

**BUSINESS**

BUSINESS NAME/LESSEE					TELEPHONE	
ADDRESS (STREET/SHIP TO ADDRESS)	CITY	STATE	COUNTRY	ZIP	TIME OWNED (YRS/MONTHS)	
ADDRESS (MAIL TO/PO BOX)	CITY	STATE	COUNTRY	ZIP	FEDERAL TAX ID #	
EMAIL ADDRESS (will be used for documents only)				FAX (will be used for documents only)		

**OWNERSHIP**

BUSINESS STRUCTURE:  PROPRIETORSHIP  PARTNERSHIP  CORPORATION TOTAL OWNERSHIP MUST EQUAL 100%

PRINCIPLE'S NAME	TITLE		% OWNERSHIP	SOCIAL SECURITY #
HOME ADDRESS (STREET)	CITY	STATE	ZIP	HOME PHONE
PRINCIPLE'S NAME	TITLE		% OWNERSHIP	SOCIAL SECURITY #
HOME ADDRESS (STREET)	CITY	STATE	ZIP	HOME PHONE
PRINCIPLE'S NAME	TITLE		% OWNERSHIP	SOCIAL SECURITY #
HOME ADDRESS (STREET)	CITY	STATE	ZIP	HOME PHONE

**BANKS**

BANKS NEED TO HAVE 2+ YEAR HISTORY - Business and/or Personal

BANK	BRANCH	CONTACT AT BANK	
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT #	FAX	TELEPHONE
BANK	BRANCH	CONTACT AT BANK	
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT #	FAX	TELEPHONE

**CREDIT REFERENCE**

COMPANY NAME	ACCOUNT #	TELEPHONE	CONTACT PERSON

**EQUIPMENT**

DESCRIPTION OR ITEM NUMBER OF EQUIPMENT TO BE LEASED		
CONT'D.		
CONT'D.		
COST OF EQUIPMENT \$	TIME OF LEASE REQUESTED (IN MONTHS 24, 36, 48, 60)	DEPOSIT RECEIVED

**AUTHORIZATION TO RELEASE BANK INFORMATION**

I/We hereby authorize US Foods Culinary Equipment & Supplies and/or any of their Authorized Agents to investigate my/our financial responsibility and credit worthiness. This is my/our authorization for the herein bank reference(s) and my/our accountant, attorney or anyone else deemed necessary to release any information requested by telephone or FAX as part of US Foods Culinary Equipment & Supplies normal credit procedures.

COMPANY NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

MUST BE SIGNED AND DATED

**INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL DELAY PROCESSING**