FULL LEGAL Business Name		Fed Tax ID #		
Address				
Address where the equipment v	vill actually be inst	alled		
Years under CURRENT Ownership	Tel #	Fax #	Cell #	
Equipment Cost				
1st Owner's Name - Title	- % Owned	- Home Address	SS#	
2nd Owner's Name - Title	- % Owned	- Home Address	SS #	
Please complete the above que	estions and return to	o us via fax @ 941-429-	8602	
Please include last (3) months I	oank statements, to	op page ONLY each mo	nth.	
Any questions, please contact h	Hank Beyer @ 888	-924-4195.		
Owner's signature	Date O	wner's signature	Date	