



info@sleepsales.com | T: 855.244.7533 | F: 855.201.3647

LESSEE

LEGAL BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ Zip: _____

PHONE: _____ CONTACT: _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

PROP. PTSHP CORP. LLC/LLP FEDERAL TAX ID # _____

OWNER INFORMATION

OFFICER NAME: _____ TITLE: _____

ADDRESS: _____ SS#: _____

CITY: _____ STATE: _____ Zip: _____ % of ownership: _____

CELL PHONE: _____ E-MAIL: _____

OFFICER NAME: _____ TITLE: _____

ADDRESS: _____ SS#: _____

CITY: _____ STATE: _____ Zip: _____ % of ownership: _____

CELL PHONE: _____ E-MAIL: _____

VENDOR INFORMATION

VENDOR: SleepView Sales, LLC CONTACT: Scott Kay PHONE: 516.640.7401

EQUIPMENT: SleepView Starter Kit _____

COST \$ _____ TERM: 36 MONTHS 48 MONTHS 60 MONTHS

BANK

BANK: _____ CONTACT: _____

ACCOUNT # - BUSINESS CHECKING: _____ PHONE: _____

OTHER BANKING REFERENCE: _____

The undersigned individual recognizing that his/her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and us a consumer credit report and financial institution references on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would other wise have under the Fair Credit Reporting Act in the absence on this continuing consent.

Authorized Signature: _____ Printed Name: _____