

Bank Contact: _____ /Phone #: _____ Email: _____

LESSEE INFORMATION			
Legally Registered Name	Trade or DBA Name	Primary Contact	
Street Address	City, State, Zip	Phone	Ext. Fax
Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____	Nature of Business	Federal Tax ID	
Years in Business ___ yr(s) ___ mths	Gross Annual Sales		

LESSEE BORROWING/BANKING INFORMATION:				
Bank Name	Account Number	Contact	Phone	Ext. Fax Number
Bank Name	Account Number	Contact	Phone	Ext. Fax Number
Trade Supplier	Account Number	Contact	Phone	Ext. Fax Number

PRINCIPAL INFORMATION (If more than two, copy form and complete for each)		
Principal First Name	Last Name	
Street Address	City, State, Zip	SS#
Principal First Name	Last Name	
Street Address	City, State, Zip	SS#

VENDOR INFORMATION			
Vendor Name	Address	City, State, Zip	
Contact/Title	Phone Number	Fax Number	E-mail Address

EQUIPMENT INFORMATION					
<u>Equipment Description</u>	<u>Equipment Cost</u>	<input type="checkbox"/> New <input type="checkbox"/> Used	Location of Equipment	Total Equipment Cost \$	Amount of Each Payment \$
_____	_____				
_____	_____	Year of Equip. (if used)	Leasing Plan		
_____	_____	_____	<input type="checkbox"/> FMV <input type="checkbox"/> \$100 buyout <input type="checkbox"/> Other _____		
Total Cost	\$ _____		Lease Term		
Lease Trade-In/Down Payment	(\$ _____)		36, 48, 60 months		
Net to Lease	\$ _____		(circle one)		

The undersigned acknowledge and understand that our company is relying on this information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents warrants and certifies that the information provided herein is true, correct and complete and agrees to notify our company immediately of any changes to this information. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3710, Houston, Texas 77010.

Authorization for Disclosure of <u>Business</u> and <u>Personal</u> Credit Information	
Applicant hereby authorizes the release of business and personal credit information to our company, or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and applicant's bank and trade references. By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to our company, or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. The undersigned hereby represents that all of the information contained in this credit application is true, correct and complete.	
Signature _____	Date _____
Name _____	(Please Print Name)