

Application

BUSINESS	BUSINESS NAME/LESSEE			TELEPHONE ()		
	STREET ADDRESS			FAX ()		
	CITY/STATE/ZIP		COUNTY	MOBILE ()		
	TYPE OF BUSINESS	BUSINESS START DATE	YRS UNDER CURRENT OWNERSHIP	FED. TAX I.D.		
	CONTACT NAME	E-MAIL ADDRESS	ANNUAL SALES	EXEMPT FROM STATE SALES/USE TAX?		
	LOCATION OF EQUIPMENT (STREET/CITY/STATE/ZIP/COUNTY)			HAS COMPANY/OWNER(S) EVER DECLARED BANKRUPTCY?		
<p>By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction and authority to the Lessor or its Designee as well as an in addition to any assignee or potential assignee thereof authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original.</p>						
OWNERSHIP	<input type="radio"/> PROPRIETORSHIP <input type="radio"/> PARTNERSHIP <input type="radio"/> C-CORP <input type="radio"/> S-CORP <input type="radio"/> NON-PROFIT <input type="radio"/> LLC			STATE OF INCORPORATION		
	PRINCIPAL'S NAME #1		TITLE	SOCIAL SECURITY NUMBER		HOME PHONE % OF OWNERSHIP
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	Own <input type="checkbox"/> Rent <input type="checkbox"/>	How Long? SIGNATURE:
	PRINCIPAL'S NAME #2		TITLE	SOCIAL SECURITY NUMBER		HOME PHONE % OF OWNERSHIP
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	Own <input type="checkbox"/> Rent <input type="checkbox"/>	How Long? SIGNATURE:
	PRINCIPAL'S NAME #3		TITLE	SOCIAL SECURITY NUMBER		HOME PHONE % OF OWNERSHIP
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	Own <input type="checkbox"/> Rent <input type="checkbox"/>	How Long? SIGNATURE:
	BANK #1			BRANCH/CITY	CONTACT	TELEPHONE ()
	ACCOUNT UNDER THE NAME OF			ACCOUNT NUMBER		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN
	BANK #2			BRANCH/CITY	CONTACT	TELEPHONE ()
ACCOUNT UNDER THE NAME OF			ACCOUNT NUMBER		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	
LOANS/LEASES	LOAN/LEASING COMPANY #1		ORIGINAL LOAN/LEASE AMOUNT			
	START DATE (MONTH/YEAR)	TERM/MONTHLY PAYMENT	ACCOUNT NUMBER			
	LOAN/LEASING COMPANY #2		ORIGINAL LOAN/LEASE AMOUNT			
	START DATE (MONTH/YEAR)	TERM/MONTHLY PAYMENT	ACCOUNT NUMBER			
	COMPANY NAME		ADDRESS	CONTACT		TELEPHONE
	Equipment Cost (exclusive of sales tax)		Term	Payment		Purchase Option
Supplier of Equipment		Contact	Phone Number ()		New Used If used, yr. of mfg.	
Equipment Description (Mfg., Model Number., S/N, - Attach Sales Order if Available)						

CREDIT RELEASE AUTHORIZATION

I hereby certify that the information contained in this lease application is true and accurate and I hereby authorize our banks, trade references, and financial institutions the right to release credit information. In states where permissible, I hereby authorize the filing and recording of UCC financing Statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute Lessee's/debtors name thereto. A photostat copy of this authorization shall be as valid as the original.

SIGNATURE _____ Title _____ Date _____