

## LEASE APPLICATION

**Please Type Information Online or Hand Print Information Into Form  
Print, Sign, and Fax Your Application to 1-800-566-7610**

Vendor Contact	Vendor Company Name	Address	City	State	Zip Code
Vendor Phone Number		Vendor Fax Number		Vendor Email Address	
Lessee Legal Company Name			DBA		
Lessee Address		City		State	Zip
Lessee Telephone Number		Lessee Contact Person		Title	Federal Tax ID.
Lessee Fax Number		Lessee D&B Number		Lessee Number of Employees	
Nature of Business	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit	No. of Years in Business (Under present ownership)		Equipment Cost
Lease Term <input type="checkbox"/> 12 Mos <input type="checkbox"/> 24 Mos <input type="checkbox"/> 36 Mos <input type="checkbox"/> 48 Mos <input type="checkbox"/> 60 Mos			Purchase Option <input type="checkbox"/> \$1 <input type="checkbox"/> FMV		Monthly Payment
Equipment Description			Lessee Email Address		Lessee Web Site

**REFERENCES Financial statements for the last two years required for transactions over \$75,000.**

<b>LIST BANK OR BANKS. PREVIOUS BANK REQUIRED IF APPLICANT HAS BEEN AT PRESENT BANK LESS THAN TWO YEARS</b>					
PRESENT BANK OF APPLICANT			PREVIOUS OR SECOND BANK OF APPLICANT:		
BRANCH/ADDRESS		PHONE	BRANCH/ADDRESS		PHONE
NAME OF BANK OFFICER	ACCOUNT #	TYPE	NAME OF BANK OFFICER	ACCOUNT #	TYPE
<b>LOAN/LEASE/TRADE REFERENCES:</b>					
NAME AND ADDRESS			PHONE:	CONTACT	
1)					
2)					
<b>I AUTHORIZE THE RELEASE OF ANY CREDIT OR FINANCIAL INFORMATION TO LESSOR AND/OR ITS DESIGNEES OR ASSIGNEES:</b>					
<b>AUTHORIZED SIGNER &amp; TITLE</b>					

### PERSONAL DATA

Name	Home Address	Soc. Sec. No.	Ownership %
Name	Home Address:	Soc. Sec. No.	Ownership %

\*Adjustments to Equipment Cost will result in corresponding adjustments to monthly payments.

Notice: IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THE DENIAL. TO OBTAIN THIS STATEMENT, PLEASE CONTACT THE LESSOR NAMED HEREIN WITHIN 60 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT.

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 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 FEDERAL TRADE COMMISSION, ECOA COMPLIANCE, WASHINGTON, DC 20581.

**GUARANTOR INFORMATION REQUIRED FOR ALL CORPORATIONS IN BUSINESS LESS THAN FIVE YEARS, AND ALL PARTNERSHIPS OR PROPRIETORS**

A COMPLETE AND ACCURATE APPLICATION WILL ENABLE US TO PROVIDE YOU WITH A QUICK DECISION