



<b>Business Information</b>	Full Legal Company Name (Include DBA if applicable)		Tax Identification #	
	Billing Street Address			
	City		County	Zip
	Equipment Location (If different from above) (Street Address/City/State/Zip)			
	Contact Email Address:	Contact Name and Title	Telephone #	Fax #
	Business Description		Years in Business	
	Insurance Agent Name		Telephone #	
	Name of Principal/Partner/Officer	Title	Social Security	Telephone #
	Home Address (Street/City/State/Zip)			<input type="checkbox"/> "S" Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP
	Name of Principal/Partner/Officer			
	Home Address (Street/City/State/Zip)			

- Lease Term:**
- 12 Month Lease
  - 24 Month Lease
  - 36 Month Lease
  - 48 Month Lease
  - 60 Month Lease
  - Other \_\_\_\_\_

<b>Equipment Information</b>	Total Estimated Equipment Cash Price: \$	# of Advance Payments	Total Estimated Lease Payment: \$	<b>End of Lease Options</b> <input type="checkbox"/> 10% Buyout <input type="checkbox"/> \$1.00 Buyout <input type="checkbox"/> Fixed \$ _____
	Equipment Description			
	Equipment Description (Mfgr/Model)			
	Supplier Name	Contact Name	Telephone #	
	Fax #	Address, City, State, Zip		

- NEW Equip.
- USED Equip.  
Year \_\_\_\_\_

<b>Bank Reference</b>	Bank Name	Checking/Loan Account #	Telephone #
	Address/City/State		Accounting/Loan Officer

<b>Trade/Lease/Loan Reference</b>	NAME	ACCOUNT #	CONTACT NAME	TELEPHONE #
	1. _____			
	2. _____			
	3. _____			

**Credit Information Release**

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 Lessor or its designee (and any assignee or potential assignee thereof) authorization 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 Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

<b>X</b>	Signature	Print Name	Title	Date
<b>X</b>	Signature	Print Name	Title	Date

**ECOA Notice**  
 (To be retained by Applicant)

Thank You for Your Business Credit Application! We will review it carefully and get back to you promptly. 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 that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement.

NOTICE: 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 (providing 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 our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.