

CREDIT APPLICATION

(Please fill out completely)

Form with fields for CORPORATE NAME OR INDIVIDUAL'S NAME (EXACT LEGAL SPELLING), D/B/A TRADE NAME, ADDRESS, CITY, STATE, ZIP, COUNTY, BUSINESS PHONE, BUSINESS FAX, CONTACT NAME, CONTACT CELL PHONE #, VENDOR'S NAME (EQUIPMENT SUPPLIER), ADDRESS, CITY, STATE, ZIP, PHONE, FAX, CONTACT/REP., DIRECT/CELL, EMAIL ADDRESS, EMAIL ADDRESS TO SEND CONTRACTS.

When did this business originally start? (Month / Year)
When did you take ownership of this business? (Month / Year)
Other Locations:
TIME SAVER NOTE: Be sure to include the (MONTH / YEAR) each location opened.

OFFICERS/OWNERS - Those authorized to sign lease and who are listed on business license, ALL Majority Stockholders with 10% or more ownership.

Table with columns: FULL NAME, TITLE, % OWNER, HOME ADDRESS, HOME PHONE, SOCIAL SECURITY #, HOME. Includes checkboxes for 'Own'.

TIME SAVER NOTE: Be sure to include complete home address, zip code, home phone, and social security number.

EQUIPMENT REQUESTED TO BE LEASED

Table with columns: QUANTITY, NEW/USED (IF USED NEED AGE), DESCRIPTION, MODEL, PRICE.

What's your max./budgeted down payment? \$ Term Requested Total Price \$

EQUIPMENT LOCATION:

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, authorizes lessor and/or debtor and their affiliates, successors or its designee (and any assignee or potential assignee thereof) to obtain consumer credit reports relating to his/her individual credit history and/or creditworthiness.

SIGNATURE: X Applicant # 1 X Applicant # 2 X Applicant # 3