



Equipment Lease Application



Fax completed application to (800) 621-3213 or call (877) 677-4987

Customer Information

| | | | |
|---|--------------|---|----------------------------|
| Business Legal Name | | Sales Tax Exempt <i>*If Yes, exemption certificate must be attached</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DBA Name (if any) | | Fed Tax ID | |
| Street Address | | Mailing Address or PO Box | |
| City, State Zip Code | | Contact Name & Title | |
| Phone () | Fax () | Date Business Started | Date Business Incorporated |
| Cell () | email: | Description of Business | |
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Other: | | | |
| Business Checking Account # | | Business Loan Type(s), Account #(s) | |
| Other Banking Information: | | | |
| Bank Name | Contact Name | Phone: () | Account # |

Principal Information

| | (1) | (2) | (3) |
|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Principal Name(s) and Title(s) | | | |
| Home Address | | | |
| City / State / Zip Code | | | |
| % of Ownership | | | |
| Social Security Number | | | |
| Signature of Principals | Signature Date | Signature Date | Signature Date |

Credit Release

Each individual signing as principal certifies that the information provided in this application is accurate and complete. Each individual signing as principal authorizes lender or any other lending sources to obtain information from the references listed below and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line, taking collection action on the account and for any other legitimate purpose associated with the account as needed. Each individual signing as principal further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

Trade References

| Name of Reference | City / State | Phone No. | Contact | Account No. |
|-------------------|--------------|-----------|---------|-------------|
| | | | | |
| | | | | |
| | | | | |

Equipment Vendor / Manufacturer Information

| | | |
|--|---|--|
| Vendor Name | Address | City, State Zip |
| Contact Person | Phone Number | <input type="checkbox"/> New <input type="checkbox"/> Used |
| Equipment Description | Equipment Location (if different than Vendor location) | |
| Desired Monthly Payment \$ | Total Invoice Amount Without Tax \$ | |
| Desired Term <input type="checkbox"/> 12 mo. <input type="checkbox"/> 24 mo. <input type="checkbox"/> 36 mo. <input type="checkbox"/> 48 mo. <input type="checkbox"/> 60 mo. | End Of Lease Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% Option <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% PUT | |

ECOA Notice (to be retained by applicant[s])

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 that denial. To obtain that statement, please contact us within 60 days from the date that you were 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 (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 our compliance with this law is the OCC, Customer Assistance Group, 1301 McKinney St., Ste. 3710, Houston, TX 77010.

For bank use only Banker Name _____ Phone # () _____ Branch _____
Officer ID _____ Fax # () _____