

Date

Ver 2007.2.19

CUSTOMER INFORMATION

Lessee Name		Phone Numbers & E-mail						
Lessee Address		Address		City		State	Zip	County
Signer Name & Title			Tax ID Number		Business Description			
Year Started	Style of Business:			Gross Sales				
<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> P.C.		<input type="checkbox"/> L.L.C.
Acres Owned	Market Value		Acres Rented		Other Income		Source	
Judgements: (CIRCLE ONE) Yes No		Pending Suits: (CIRCLE ONE) Yes No		Bankruptcy: (CIRCLE ONE) Yes No		If so, When?		

PERSONAL INFORMATION ON PARTNERS, PROPRIETORS, OR GUARANTORS

Name		Birth date		Name		Birth date	
Title		Social Security No.		Title		Social Security No.	
Address				Address			
City		State		Zip		County	
City		State		Zip		County	

DEALER INFORMATION

Dealer		Salesperson		Address	
Phone Number		Fax Number		E-mail	
() ()		() ()			

EQUIPMENT DESCRIPTION

Quantity	Manufacturer	Model Number	Description	<input type="checkbox"/> New <input type="checkbox"/> Used	Equipment Cost
				<input type="checkbox"/> New <input type="checkbox"/> Used	
Equipment Location – Street Address, City, State, Zip Code and County					Total Equipment Cost
					\$

REFERENCES

Bank Reference		Acct Number		Contact Person		Phone	
Insurance Agency				Address		Phone	

AUTHORIZATION

The undersigned individual(s) who is either a Principal, Sole Proprietor, or Personal Guarantor of the Credit Applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the Applicant or in the evaluation of his or her personal guaranty, if applicable, hereby consents to and authorizes the use of a consumer credit report on the undersigned individual(s) by the above named business credit grantor and any of its affiliates, designees or assignees, from time to time as may be needed, in the initial credit evaluation and subsequent review processes. I/we stand advised that the Advance Payment or Security Deposit is not refundable unless this application is rejected by Lessor. The information contained herein and/or attached hereto is true and accurate.

Partner, Proprietor or Guarantor	Partner, Proprietor or Guarantor
X	X

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 the statement, please call (866) 489-4800 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. 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 compliance with the law concerning the creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

TERM/LEASE PAYMENT SCHEDULE – (OFFICE USE ONLY)

Term (Months)	Advance Payment /Security Deposit (Check One Only)	Lease End Purchase Option
	<input type="checkbox"/> Advance Payment(s) \$ _____ <input type="checkbox"/> Security Deposit(s) \$ _____	<input type="checkbox"/> 10% <input type="checkbox"/> \$1.00 <input type="checkbox"/> FMV <input type="checkbox"/> Other _____

Comments