

## LEASE APPLICATION

BUSINESS	BUSINESS NAME/LESSEE			TELEPHONE
	ADDRESS (STREET)	(CITY)	(STATE)	(COUNTY) (ZIP CODE)
	TYPE OF BUSINESS		Date Established	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET)		(CITY) (STATE) (ZIP CODE)	FAX NUMBER

OWNERSHIP	Business Structure	<b>Corporation</b>	<b>Partnership</b>	<b>Proprietorship</b>
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO. SOC. SEC. NO.
	HOME ADDRESS (STREET)	(CITY)	(STATE) (ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT DRIVER'S LIC. NO.
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO. SOC. SEC. NO.
	HOME ADDRESS (STREET)	(CITY)	(STATE) (ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT DRIVER'S LIC. NO.
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO. SOC. SEC. NO.
	HOME ADDRESS (STREET)	(CITY)	(STATE) (ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT DRIVER'S LIC. NO.
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO. SOC. SEC. NO.
	HOME ADDRESS (STREET)	(CITY)	(STATE) (ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT DRIVER'S LIC. NO.

BANKS	BANK	BRANCH	F A X	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	ORIGINAL BALANCE	CURRENT BALANCE
	BANK	BRANCH	F A X	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	ORIGINAL BALANCE	CURRENT BALANCE

TRADES	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

EQUIPMENT	VENDOR CONTACT			
	ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE) TELEPHONE
	EQUIPMENT TO BE LEASED			
	COST OF EQUIPMENT \$	TERMS OF LEASE	RATE / MO. PAYMENT	DEPOSIT REC'D \$

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) authorizing 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 of 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.

I hereby authorize Spectrum Commercial Funding or any credit bureau or other investigative agency employed by Spectrum Commercial Funding to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

X \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE/TITLE  
 X \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE/TITLE