

ALL SECTIONS MUST BE FILLED OUT IN ORDER FOR YOUR APPLICATION TO BE PROCESSED

▶ APPLICANT BUSINESS INFORMATION

Company Legal Name & DBA, if applicable _____
 Billing Address _____
 City _____ State _____ Zip _____ County _____
 Delivery Address _____
 City _____ State _____ Zip _____ County _____
 Telephone _____ Fax _____ Email Address _____
 Contact _____ Web Site _____
 Date Incorporated _____ Years in Business _____ Proprietorship Partnership Corporation LLC
 Nature of Business _____ Federal Tax ID _____

▶ GUARANTOR INFORMATION

Primary Name _____
 Title _____ SS# _____ Home Phone _____
 Address _____ City _____ State _____ Zip _____ County _____
 Secondary Name _____
 Title _____ SS# _____ Home Phone _____
 Address _____ City _____ State _____ Zip _____ County _____

▶ BUSINESS BANK INFORMATION

Bank Name _____ Account # _____ Date Open _____
 Officer _____ Telephone _____ Account Type Ckg Svg CD Loan
 Bank Name _____ Account # _____ Date Open _____
 Officer _____ Telephone _____ Account Type Ckg Svg CD Loan

▶ TRADE REFERENCES

Supplier _____
 Contact _____ Telephone _____ Fax _____
 Supplier _____
 Contact _____ Telephone _____ Fax _____

▶ VENDOR EQUIPMENT INFORMATION

Vendor Name _____
 Telephone _____ Fax _____ Contact _____ Web Site _____
 Equipment Leased _____ Cost (without taxes) _____
 New Used (if Used, Year Mfrd) _____ Lease Term (in months) 24 36 48 60
 End of Term Options \$1 10% FMV

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Leasing Options, LLC to obtain from third parties, information it deems necessary to arrive at a decision regarding this Application. To help fight terrorism and money laundering, the information you provide will be verified. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Leasing Options, LLC, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to Leasing Options, LLC by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

Signature X _____ Date _____
 Signature X _____ Date _____

Please fax the completed and signed application to 610-269-9298. Thank You.