



1300 Virginia Drive, Suite 400, Fort Washington, PA 19034

EQUIPMENT LEASING APPLICATION

EQUIPMENT DEALER

DEALER NAME, CONTACT, PHONE, EQUIPMENT COST, EQUIPMENT TYPE

DESIRED TERMS (check one)

LEASE TERM IN MONTHS: 24, 36, 48, 60; PURCHASE OPTION: \$1, 10%

BUSINESS STRUCTURE

PROPRIETORSHIP, CORPORATION, PARTNERSHIP, LIMITED LIABILITY CO., STATE OF INC., YEARS IN BUSINESS

LESSEE INFORMATION

LESSEE (EXACT LEGAL NAME OR D/B/A), E-MAIL ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE, PHONE NO., COUNTY, TYPE OF BUSINESS, YEARS UNDER CURRENT OWNER, FEDERAL TAX I.D. NO.

OWNERSHIP

PRINCIPAL #1 NAME, TITLE, YRS OF INDUSTRY EXPERIENCE, SOCIAL SECURITY NO., PHONE NO., STREET ADDRESS, CITY, STATE, ZIP CODE, PERSONAL ANNUAL GROSS INCOME, DO YOU OWN YOUR HOME?, MONTHLY MORTGAGE / RENT, PRINCIPAL #2 NAME, TITLE, YRS OF INDUSTRY EXPERIENCE, SOCIAL SECURITY NO., PHONE NO., STREET ADDRESS, CITY, STATE, ZIP CODE, PERSONAL ANNUAL GROSS INCOME, DO YOU OWN YOUR HOME?, MONTHLY MORTGAGE / RENT

BANK

BANK NAME, CONTACT NAME, CITY, PHONE NO., CURRENT CHECKING BALANCE, ACCOUNT UNDER NAME OF, CHECKING ACCT. NO., SAVINGS ACCT. NO., LOAN NO.

I understand this equipment application may be approved based upon my business and personal credit. I authorize FirstLease, Inc. or its assignees to check references, bank accounts and credit information.

X AUTHORIZED SIGNATURE DATE

ADDITIONAL INFORMATION

If the business has been in operation under present ownership for less than two (2) years or the equipment cost exceeds \$50,000, please provide the following:

*Financial Statements or Tax Returns on Company for most recent two (2) years and most recent Interim Financial Statement.

Please include an itemized quote or invoice, if available.

Fax completed application to the attention of:

David Maschke (215) 283-9870 FAX (866) 493-4778, Ext. 246 PHONE dmaschke@firstleaseonline.com