

## LEASE APPLICATION

<b>PHONE</b>	<b>FAX</b>
<b>1-800-487-3636</b>	<b>1-800-488-6262</b>
OR	OR
<b>1-770-951-9427</b>	<b>1-770-951-0207</b>

2400 Herodian Way, Suite 255, Smyrna, Georgia 30080

**CUSTOMER INFORMATION (PLEASE PRINT)**

Legal Name of Customer Company					
Billing Address			City	State	Zip Code
Telephone No. ( )	Fax No. ( )	Alternate No. ( )	Email Address		
Contact Name				Title	
Description of business			Corp <input type="checkbox"/>	Partner <input type="checkbox"/>	LLC <input type="checkbox"/>
Equipment Location (if different from above)			Prop <input type="checkbox"/>	Years in business (with above name)	
				Federal Tax ID No.	

**PERSONAL INFORMATION (OFFICERS, PARTNERS OR OWNER)**

Name	Home Address	City	State	Zip Code	Social Security No.
1					
2					
Additional Information					

**COMPANY CHECKING ACCOUNT(S)**

SIGN HERE	Bank Name	Account No.	Telephone No. ( )	Contact
	1			
	2			

**CREDIT REFERENCE(S)**

SIGN HERE	Creditor Name	Account No.	Telephone No. ( )	Contact
	1			
	2			

I / We hereby authorize the release of any credit or financial information necessary to process this lease application.

**Signed: X**

**Date:**

**TO BE COMPLETED BY VENDOR**

Business Name			Warehouse Name		Rate Factor
Telephone No. ( )	Fax No. ( )	Alternate No. ( )	Email Address		
Address				Contact (if questions)	
City	State	Zip Code	Salesperson (if different than contact)		

**EQUIPMENT INFORMATION (CONTINUE ON AN ADDITIONAL SHEET IF NECESSARY)**

**WITHOUT TAX**

Item Description	Qty	Part No.	Extended Price
<b>LEASE PROMOTION</b>		<b>LEASE TERM REQUESTED</b>	<b>TOTAL AMOUNT TO FINANCE (NO TAX)</b>