

APPLICAPRO, INC

LEASE APPLICATION

BUSINESS NAME _____

BUSINESS ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

PHONE _____ FAX _____ CONTACT _____

WEBSITE _____ E-MAIL _____

NATURE OF BUSINESS _____ YRS. IN BUSINESS _____

TYPE OF BUSINESS CORP. ___ PROP. ___ PARTNERSHIP ___ FEDERAL ID# _____ COUNTY _____

PRESIDENT/OWNER _____ % OF OWNERSHIP _____

HOME ADDRESS _____

SOCIAL SECURITY # _____ PHONE _____

V.P./PARTNER _____ % OF OWNERSHIP _____

HOME ADDRESS _____

SOCIAL SECURITY # _____ PHONE _____

BANK _____ BRANCH _____

PHONE _____ ACCOUNT # _____

OFFICER _____ CHECKING _____ SAVINGS _____ LOAN _____

TRADE REFERENCES _____ PHONE # _____

TRADE REFERENCES _____ PHONE # _____

EQUIPMENT VENDOR _____ PHONE _____ CONTACT _____

EQUIPMENT SELLING PRICE _____ EQUIPMENT DESCRIPTION _____

By signing below, the undersigned, which is either a principal of the applicant or a personal guarantor of its obligations, provides written instruction to EqLease or its assigns authorizing review of his/her personal credit bureau and authorizing applicant's bank and credit references to release credit information on applicant to EqLease and its assigns. Such authorization shall extend to obtaining a credit file in considering this application for reviewing or collecting the resulting account. A Photostat or Facsimile copy of this authorization shall be valid as the original. By signature I affirm my identity as the individual identified in this application.

SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____

SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____

eq Lease.com

1200 N Federal Highway, Suite 200, Boca Raton, Fl. 33432

Phone: 1-800-571-9842 Fax: 1-800-571-9846

Web: www.eqlease.com E-mail: info@eqlease.com

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