

<b>BUSINESS</b>	BUSINESS NAME/LESSEE			TELEPHONE	
	STREET ADDRESS			FAX	
	CITY/STATE/ZIP		COUNTY	MOBILE	
	TYPE OF BUSINESS	BUSINESS START DATE	YRS UNDER CURRENT OWNERSHIP	FED. TAX I.D.	
	LOCATION OF EQUIPMENT (STREET/CITY/STATE/ZIP/COUNTY)			E-MAIL ADDRESS	
<b>OWNERSHIP</b>	CONTACT NAME:	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> C-CORP <input type="checkbox"/> S-CORP <input type="checkbox"/> LLC			STATE OF INCORPORATION
	PRINCIPAL'S NAME		TITLE	SOCIAL SECURITY #	% OF OWNERSHIP
	HOME ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)				HOME PHONE
	PRINCIPAL'S NAME		TITLE	SOCIAL SECURITY #	% OF OWNERSHIP
	HOME ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)				HOME PHONE
<b>BANK REFERENCES</b>	BANK	BRANCH/CITY	CONTACT	TELEPHONE	
	ACCOUNT UNDER THE NAME OF	ACCOUNT NUMBER		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	
	BANK	BRANCH/CITY	CONTACT	TELEPHONE	
	ACCOUNT UNDER THE NAME OF	ACCOUNT NUMBER		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	
<b>LOANS/LEASES</b>	LOAN/LEASING COMPANY	ORIGINAL LOAN/LEASE AMOUNT		TELEPHONE	
	START DATE (MONTH/YEAR)	TERM/MONTHLY PAYMENT	ACCOUNT NUMBER		
	LOAN/LEASING COMPANY	ORIGINAL LOAN/LEASE AMOUNT		TELEPHONE	
	START DATE (MONTH/YEAR)	TERM/MONTHLY PAYMENT	ACCOUNT NUMBER		
<b>TRADE REFERENCES</b>	COMPANY NAME	ADDRESS	CONTACT	TELEPHONE	
	LANDLORD/MORTGAGE				
<b>TRANSACTION SUMMARY</b>	EQMT. COST (EXCLUSIVE OF SALES TAX)	TERM	PAYMENT	PURCHASE OPTION	
	SUPPLIER OF EQUIPMENT	CONTACT	TELEPHONE	NEW <input type="checkbox"/> USED <input type="checkbox"/> (IF USED, YR. OF MFGR.)	
	EQUIPMENT DESCRIPTION (MFG., MODEL NUMBER., S/N, - ATTACH SALES ORDER IF AVAILABLE)				

**CREDIT RELEASE AUTHORIZATION**

Each individual signing below certifies that the information provided in this credit application is true, accurate and complete. Each individual signing below authorizes you and your designees to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim that such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. In states where permissible, I hereby authorize the filing and recording of UCC financing Statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute Lessee's/debtors name thereto. A photostat copy of this authorization shall be as valid as the original.

SIGNATURE \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_