

LESSEE

Full Legal Name _____ Fed. ID No. _____

DBA _____ Phone _____

Street Address _____

City _____ State _____ ZIP _____ County/use tax rate _____

Bus. Description _____ Corp. Prop. P'Ship Yrs. in Business _____
(Current Ownership)

PRINCIPALS

Percentage ownership of each owner _____

Owner/President _____ Soc. Sec. No. _____

Home Address _____

Co-owner/Partner _____ Soc. Sec. No. _____

Home Address _____

(If there are additional owners, please attach an additional sheet.)

BUSINESS REFERENCES

Bank Name (2 yr. history) _____ Phone _____

Checking Acct. No. _____ Loan Acct. No. _____ Officer _____

Bank Name (2 yr. history) _____ Phone _____

Checking Acct. No. _____ Loan Acct. No. _____ Officer _____

TRADE ACCOUNTS

Name _____ Phone _____ Contact _____

Name _____ Phone _____ Contact _____

Name _____ Phone _____ Contact _____

EQUIPMENT DESCRIPTION

Total Cost \$ _____

Eqpt. location (if other than lessee's above address) _____

OFFICE USE ONLY

Term _____ Months Purchase Option: 10% \$1 FMV Advance Payments _____

Vendor Name _____ Salesperson _____

Address _____ Phone _____

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes LeaseSource, Inc., its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal or extension of credit to the applicant or the collection of any resultant accounts. By signature below, I/we affirm my/our identity as the respective individual/s identified in the attached application.

A fax or photocopy of this authorization shall be valid as the original.

Applicant Signature

Date