

1530 Dunwoody Village Parkway, Suite 204

Applicant Signature

Lease Agent Atlanta, GA 30338 Tel: 770-395-0140 800-422-8328 Fax: 404-492-8893 www.leasesourceinc.com **LESSEE** Exact Legal Name ______ Fed. ID No. _____ _______Phone ______Fax _____ Street Address _____ E-mail: ____ City ______ State ____ ZIP ____ County/use tax Rate _____ Bus. Description _____ Corp/LLC □ Prop. □ P'Ship. □ Yrs. in Business (Current Ownership) **PRINCIPALS** % Ownership of each owner _____ Owner/President ______ Soc. Sec. No. _____ Home Address _____ Home Tel. _____ Co-owner/Partner _____ Soc. Sec. No. _____ _____ Home Tel. ____ Home Address (If additional owners, please use additional sheet.) **BUSINESS BANK REFERENCES** Bank Name (2 yr. history) ______Phone _____Phone _____ Checking Acct. No. _____ Officer _____ Bank Name (2 yr. history) ______Phone _____ Checking Acct. No. _____ Officer ____ Unit Cost Equipment and/or Software Description Make/Model TOTAL COST \$ _____ Egpt. location (if other than lessee's above address) Term _____ Months Phone _____ Address 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 and/or business 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. Permission is hereby granted to correspond with us via e-mail & facsimile. A fax, e-mail or photocopy of this authorization shall be valid as the original.

Print Name

Date _____

Date

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 and/or business 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. Permission is hereby granted to correspond with us via facsimile and/or e-mail. A fax, e-mail or photocopy of this authorization shall be valid as the original.

Applicant Name/Print	_
Complete Home Address	
Home Telephone Number	_
Social Security Number	-
Signature X	
Applicant Name/Print	_
Complete Home Address	
Home Telephone Number	-
Social Security Number	
Signature X	
Applicant Name/Print	_
Complete Home Address	
Home Telephone Number	-
Social Security Number	
Signature X	