

LEASE APPLICATION

Office Contact:

Legal Name of Business:		Corp. Tax ID #:		
Address:	City:		State:	Zip:
Business Phone: Business Fax:_		Business Email:		
Nature of Business:	Time in Business:	Corp. Prop.	Partnership	Non Profit
Owner's full legal name: (List full legal name, title and current address)		P.C. P.A. L.L.C	C. Other	
1. Name:	SS#	Title	:	
Address:	City:		_State:	Zip:
2. Name:	SS#	Title:	:	
Address:	City:		State:	Zip:
Bank Reference:				
Bank: Contact:		Telephone	e:	
Checking Account No.: Loan No:		Facsimile		
Equipment Information:				
Supplier:	Contact:	Tele	phone:	
Equipment Description:		Equipmer	nt Cost:	
Lease Term Requested:	Payment:	Purchase (Option:	
The undersigned certifies that the information requested above is accurate. The Lessee expressly authorize consumer reporting agencies and other persons to furnish credit info agreement. Lessors and joint users of such information are authorized to receive and exagreement. Information about the undersigned may be used for marketing and administ that information (except transaction and experience information) with Lessor's affiliates be Dallas TX 75240.	ormation to Lessor, separately schange credit information and rative purposes and shared wi	or jointly with other creditors or to update such information as th Lessor's affiliates. The unde	r lessors, for use appropriate dur ersigned may di	in connection with this ing the term of this rect Lessor not to disclose
NOTICE: If your application for business credit is denied, you have the right to a written Services at the above address or call 866-809-5619 within 60 days from the date you are receiving your request. The federal Equal Credit Opportunity Act prohibits creditors from status, age (provided the applicant has the capacity to enter into a binding contract); becamplicant has in good faith exercised any right under the Consumer Credit Protection Act Trade Commission, Equal Credit Opportunity, Washington, DC 20580	e notified of our decision. We discriminating against credit a ause all or part of the applicar	will send you a written stateme applicants on the basis of race, t's income derives from any pu	nt of reasons for color, religion, rublic assistance	r the denial within 30 days or national origin, sex, marital program; or because the
ALL APPLICANTS LISTED HEREIN MUST SIGN T	THIS APPLICATION. READ F	PRECEDING PARAGRAPHS (CAREFULLY.	
Signature:	Title:		Date: _	
Signature:	Title:		Date:	