



801-612-3532
801-660-1592 efax

EQUIPMENT LEASE APPLICATION

BUSINESS INFORMATION

BUSINESS NAME		TIME IN BUSINESS	BUSINESS PHONE
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)		TIME UNDER CURRENT OWNERSHIP	BUSINESS FAX
EQUIPMENT LOCATION (IF DIFFERENT FROM ABOVE)		CONTACT NAME / TITLE	CELL NUMBER
FEDERAL TAX ID #	WEB SITE ADDRESS	EMAIL ADDRESS	

SELECT ONE: SOLE PROPRIETOR PARTNERSHIP LLC CORPORATION

OWNERS - OFFICERS - GUARANTORS

NAME	% OWNERSHIP	TITLE	SOC SEC #	HOME ADDRESS	HOME PHONE

EQUIPMENT AND VENDOR INFORMATION

EQUIPMENT DESCRIPTION		NEW OR USED?	EQUIPMENT COST
VENDOR	SALES REP / CONTACT		PHONE

PLEASE READ BEFORE SIGNING

Lessee represents and warrants that all credit and financial information submitted to lessor is true and correct and lessor may any information necessary pertaining to this application including, but not limited to, owners, officers, or guarantors. The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the leasing company and any assignee, lender or funding service that may be utilized, to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the fair credit reporting act in the absence of this continuing consent.

Lessee: X

Please tell us briefly what your business does:

What structure would you prefer? Fair Market Value \$1 Purchase Option Equipment Finance Agreement (EFA)
 What term would you prefer? 24 Month 36 Month 48 Month 60 Month