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LEASE APPLICATION

LESSEE: ADDRESS: CITY STATE ZIP COUNTY: PHONE # ( ) FAX # ( ) INSTALLATION ADDRESS: CONTACT: EMAIL: TYPE OF BUSINESS: TAX ID # BUSINESS STRUCTURE: CORP: ( ) PARTNERSHIP: ( ) SOLE PROP: ( ) YEARS IN BUSINESS: YEARS UNDER CURRENT OWNERSHIP: WEB SITE ADDRESS:

PRINCIPALS/GUARANTORS:

NAME: TITLE: % OF OWNERSHIP: HOME ADDRESS: CITY STATE ZIP SOCIAL SECURITY NUMBER:

NAME: TITLE: % OF OWNERSHIP: HOME ADDRESS: CITY STATE ZIP SOCIAL SECURITY NUMBER:

BANK REFERENCES:

NAME OF BANK: PHONE: CHECKING ACCT #: CONTACT PERSON:

TRADE REFERENCES: PLEASE LIST MAJOR SUPPLIERS

COMPANY: PHONE: CONTACT: TYPE OF GOODS:

COMPANY: PHONE: CONTACT: TYPE OF GOODS:

CREDIT RELEASE

I/we hereby request and authorize you, your agents or assigns (hereafter "you"), to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. In consideration of your efforts, I/we agree that the security deposit is not refundable unless the application is rejected by Lessor. By the execution of this lease application, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information. Further, I/we warrant it is understood that Lessor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, and I/we will indemnify Lessor for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended leased equipment based on the information contained herein, and I/we hereby request any above named entity to consider this to be our written request to release all information requested by Lessor to Lessor. We further hereby acknowledge receipt of a copy of this application, and give you express permission to contact us by mail, fax, phone and e-mail.

Signature

Print Name

Date

Equipment: Cost: Term Desired: 24 ( ) 36 ( ) 48 ( ) 60 ( ) Purchase Option: \$1.00 ( ) 10% ( ) Equipment Supplier: Contact Name: Address: Phone: Fax: