



Administration Center
 PO Box 7023, Troy, Michigan 48007-7023
 Fax to: 800.877.5327

Supplier Information

Supplier		Sales Representative	Last Name	First Name	MI
Phone Number	Fax Number	E-mail Address		Date	

Equipment Description (Itemize Software, Maintenance, Services, Training, Installation, Trade-ups and Buyouts, if applicable)

Quantity	Manufacturer	Model Number	Description	New <input type="checkbox"/>	Used <input type="checkbox"/>	Equipment Cost
				New <input type="checkbox"/>	Used <input type="checkbox"/>	
				New <input type="checkbox"/>	Used <input type="checkbox"/>	
				New <input type="checkbox"/>	Used <input type="checkbox"/>	
				New <input type="checkbox"/>	Used <input type="checkbox"/>	
						Total Equipment Cost \$

Term/Lease Payment Schedule

Term (months)	Security Deposit/Advance Payment (Check One Only)	Lease End Purchase Option:	Calculating the Monthly Payment:
	<input type="checkbox"/> Security Deposit(s) \$ _____	<input type="checkbox"/> FMV <input type="checkbox"/> \$1	Lease Rate: _____ x Total Equipment Cost: \$ _____
	<input type="checkbox"/> Advance Payment(s) \$ _____	<input type="checkbox"/> Other: _____	= Monthly Equipment Payment \$ _____

Customer Information

Lessee Full Legal Name		Lessee Phone Number	E-mail		
Lessee Address	Address	City	County	State	Zip
Signer Name	Title		Nature of Business		
Year Started	Style of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> P.C. <input type="checkbox"/> L.L.C.		Organization ID# (if any)	State of Organization	

Bank Information

Bank Reference	Account Number	Bank Phone Number	Bank Contact
Loan Reference	Loan Account Number	Phone Number	Contact

A loan of an amount comparable to the amount of the lease requested. Credit cards not acceptable.

Personal Information on Officers, Partners, Proprietors, or Guarantors

Name		Name	
Title	Social Security Number	Title	Social Security Number
Address	Address	Address	Address
County	State	County	State
	Zip		Zip

Authorization

I/We hereby authorize you or your agents to whom this application is made to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as you deem necessary. I/we stand advised that the Advance Payment or Security Deposit is not refundable unless this application is rejected by Lessor. By the execution of the Lease Application and/or Lease Agreement, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information.

Authorized Signer	Title
X	Indicate President, Partner, Proprietor, etc.

Notice

NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Disclosure Administration, P.O. Box 7023, Troy, MI 48007-7023 or call (800) 959-5936 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning the creditor is the Office of the Comptroller of the Currency, Customer Assistance Unit, 1301 McKinney Avenue, Suite 3710, Houston, TX, 77010.