

ACCESS EQUIPMENT & FINANCING LLC

LEASE APPLICATION —Fax: 937-552-9484 or Call 866-892-0315

LESSEE / APPLICANT INFORMATION				Form Dianne
Legal Business Name/Lessee			Phone	
Address (Street, R.R. - no PO Box)			Fax	
City	County	State	Zip	Contact
Lessee is a (Check appropriate box) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other			Equipment Location (If different than above)	
Date Business Started	Nature of Business	Sales Tax Exempt Yes Or No		Federal Tax ID Number

PRINCIPAL INFORMATION (President, Owner or Partners)							
Name (1)		Title		Name (2)		Title	
Social Security Number	Monthly Inc	Home Phone Number		Social Security Number	Monthly Inc.	Home Phone Number	
Home Address				Home Address			
City	State	Zip		City	State	Zip	
Business Bank Name		City & State		Bus. Checking Account #		Bank Phone #	
Business Bank Name		City & State		Bus. Checking Account #		Bank Phone #	

Trade Reference	City & State	Trade Reference Acct	Phone Number of Trade
Trade Reference	City & State	Trade Reference Acct	Phone Number of Trade
Insurance Agent	City & State	Contact	Phone Number
Landlord/Mortgage	City & State	Contact	Phone Number

VENDOR / EQUIPMENT INFORMATION				Phone	Contact
City			State	Zip	Fax
Equipment To Be Leased -	Term (months)	Advance Payments	Buyout Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1	Sales Tax Rate	Total Cost (Without Tax)
<input type="checkbox"/> Used <input type="checkbox"/> New	Description of Equipment				

I consent by placing my signature (s) below, that the information stated above is true. I authorize the release of all credit information credit bureaus reports, loans, lease, checking, saving and trade account information on the individuals below to Access Equipment & Financing LLC, and to its assignees or potential assignees. I authorize that a photocopy or a facsimile copy of this release can be valid as the original.

Signature #1: _____ Date _____ Signature #2: _____ Date _____