

LEASING APPLICATION

Phone: 310-316-3100

FAX: 310-316-8989

Lessee **Vendor**

Company Name: _____
 DBA: _____ Fed Tax ID: _____
 Address: _____
 City, State & Zip: _____
 Business Phone #: _____
 Contact Name: _____ Phone #: _____

Company Name: _____
 Address: _____
 City, State & Zip: _____
 Telephone: _____ Fax: _____
 Contact: _____

Bank References

E-Mail: _____ Fax: _____
 Business Description: _____
 Time In Business Under Current Ownership: _____
 Type of Business: _____
 Nature of Business: _____

Principal Bank: _____
 Account Numbers: _____
 Telephone: _____
 Contact: _____

Personal Information on Officers, Partners or Owners

Name: _____
 Home Address: _____
 City, State & Zip: _____
 Telephone: _____
 Social Security #: _____ % Ownership: _____

Name: _____
 Home Address: _____
 City, State & Zip: _____
 Telephone: _____
 Social Security #: _____ % Ownership: _____

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Signature: _____
 Print Name: _____
 Date: _____

Signature: _____
 Print Name: _____
 Date: _____

Equipment to be Leased (Attach equipment schedule if necessary)

Address of Installation:

Nos.	Manufacturer	Model	Description	Serial Number(s)	Purchase Price w/o tax	Reseller Name	Reseller Address	Reseller Phone#	Venture Tech Reseller YES/NO

Proposed Lease Terms

Lease Amount: _____ Lease Term: _____ Monthly Payments: _____ Delivery Date: _____
 Comments: _____ Purchase Option: _____

I authorize all deposit, borrowing, and trade information to be released to the lesser. I hereby represent all information is true, correct and complete. A photo static copy of this authorization shall be valid as the original.

Trader References – Minimum two-year history (to establish loan history)

Supplier	Contact	Account #	Phone #

Signature: _____ Title: _____ Date: _____

Please fax the completed application to 310-316-8989

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 this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580. 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 lesser set forth above within 60 days from the date you is 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. {}