

CREDIT APPLICATION

EQUIPMENT LEASING

SERVICES • L.L.C.

Please fill out this form as completely as possible

9977 N. 95th Street, Suite 110
 Scottsdale, AZ 85258
 Voice: (480) 443-8984 FAX: (480) 443-3405

CUSTOMER INFORMATION			
CUSTOMER / BUSINESS NAME		SOCIAL SECURITY OR TAX I.D. NO.	
MAILING ADDRESS – IF P.O. BOX, PLEASE LIST THE COMPLETE PHYSICAL ADDRESS BELOW			YEARS AT ADDRESS
CITY	COUNTY	STATE	ZIP CODE
PHYSICAL ADDRESS – IF DIFFERENT FROM ABOVE		CITY	STATE ZIP CODE
BIRTH DATE OR INCORPORATION DATE	YEARS IN BUSINESS	WORK PHONE ()	FAX ()

VENDOR INFORMATION & EQUIPMENT DESCRIPTION					
COMPANY NAME		ADDRESS / CITY / STATE / ZIP		CONTACT / PHONE NO.	
EQUIPMENT DESCRIPTION	QTY	MODEL	SERIAL NO.	PURCHASE PRICE	INSTALLATION LOCATION

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR OWNERS (ALL must fill out and sign – make additional copies of this application if needed)											
NAME		DATE OF BIRTH		NAME		DATE OF BIRTH					
HOME ADDRESS				HOME ADDRESS							
CITY STATE ZIP				CITY STATE ZIP							
TELEPHONE		EMAIL ADDRESS		TELEPHONE		EMAIL ADDRESS					
SOCIAL SECURITY NO.		% OWNERSHIP		SOCIAL SECURITY NO.		% OWNERSHIP					
DRIVER'S LICENSE		ISSUE DATE		EXPIRATION DATE		DRIVER'S LICENSE		ISSUE DATE		EXPIRATION DATE	

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		DATE		SIGNATURE		DATE	
PRINT NAME				PRINT NAME			

BUSINESS INFORMATION				
TYPE OF BUSINESS (OR APPLYING AS): <input type="radio"/> an Individual or Sole Proprietorship <input type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> General Partnership <input type="radio"/> Municipality			State of Incorporation:	
BANK	NAME & ADDRESS	ACCOUNT NUMBER	TELEPHONE NUMBER	CONTACT
BANK	NAME & ADDRESS	ACCOUNT NUMBER	TELEPHONE NUMBER	CONTACT
EQUIPMENT LOAN	FINANCE/LEASING CO. NAME & ADDRESS	ACCOUNT NUMBER	TELEPHONE NUMBER	CONTACT
TRADE REFERENCES	NAME & ADDRESS	ACCOUNT NUMBER	TELEPHONE NUMBER	CONTACT

REPAIRED BY: _____ TITLE: _____ DATE: _____

Has the business ever declared bankruptcy last 10 years?	If yes, chapter	Date of filing
Has any principal ever declared bankruptcy last 10 years?	If Yes, Name and Chapter	Date of filing
Are there any delinquent taxes owed by the Business or any principal/ owner?	If Yes, explain:	
Is there any pending litigation or unsatisfied judgments for the business or any principal /owner?	If Yes explain:	
Does any one customer represent more than 10% of annual sales/revenues?	If Yes, Customer Name And Percentage	
Is the business for sale or under agreement That would change the ownership?	If Yes, explain:	
Has the business incurred a loss in any of the last 3 years?		
PRINCIPAL/OWNER TRUST INFORMATION		
Have you established a trust?		

CONSENT BY BUSINESS PRINCIPAL TO OBTAIN CONSUMER CREDIT REPORT

In connection with the above application for credit by "Applicant" to "Bank" and any subsequent financial products or services the Bank may offer Applicant including any renewals, extensions, modifications or workouts, I consent to Bank obtaining one or more consumer credit reports on me from time to time. Bank may also investigate my background, income, credit or credit worthiness, assets or other matters as it reasonably deems necessary or appropriate.

Name: _____ Name _____
Signature: _____ Signature _____
Date _____ Date _____

BY SIGNING BELOW, WE CERTIFY THAT ALL INFORMATION PROVIDED ON AND WITH THIS FORM OR HEREAFTER FURNISHED BY US OR ON OUR BEHALF IS TRUE, CORRECT AND COMPLETE AND THAT WE ARE AUTHORIZED TO EXECUTE THIS FORM ON BEHALF OF THE APPLICANT.

Applicant(s) are aware that any knowing or willful false statements for purposes of influencing the actions of Creditor can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both. You are authorized to make all inquiries you deem necessary to verify the accuracy of this Statement either directly or through any agency employed by the Bank for that purpose. Applicant authorizes "Bank" to obtain credit reports, and agrees to provide any additional information that the Bank may require to process this application. Applicant also authorizes Bank to obtain copies of its tax returns and information from the IRS and other taxing authorities, and agrees to execute whatever forms the Bank requests to obtain such information.

REQUIRED SIGNERS: **SOLE PROPRIETORSHIP**-The owner (If married, you may apply for a separate account); **PARTNERSHIP**-All general partners; **LIMITED LIABILITY COMPANY**-All members or manager(s). **CORPORATION** - The persons named in the Corporate Resolution;

Authorized signature _____ Print Name _____ Title _____ Date _____

(For corporate applicants)

CERTIFICATION: I certify that I am Secretary of the Applicant and the signatures and title set forth above are the genuine signatures and titles of persons indicated.

Signature of Secretary

Print Name

Date