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BUSINESS INFORMATION	INDIVIDUAL OR FIRM NAME				DATE
	STREET ADDRESS		CITY	STATE	ZIP CODE
	EQUIPMENT LOCATION IF DIFFERENT THAN ABOVE				FAX NUMBER
	TYPE OF BUSINESS		S.S. NUMBER OR FEDERAL TAX I.D.		NO. OF YEARS IN BUSINESS
	INSURANCE AGENT		TELEPHONE		DUN & BRADSTREET NUMBER
	<input type="checkbox"/> SOLE OWNER		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> CORPORATION
<input type="checkbox"/> OTHER					

OWNERSHIP	PRINCIPAL AND TITLE	% OWNER	S.S. NUMBER	HOME ADDRESS AND TELEPHONE

BANK	NAME AND ADDRESS	ACCOUNT NO. AND TYPE	TELEPHONE	BANK OFFICER
	<i>BUSINESS</i>			
	<i>PERSONAL</i>			

TRADES	NAME	CONTACT	TELEPHONE

EQUIPMENT	VENDOR			TELEPHONE
	ADDRESS			PERSON TO CONTACT
	TYPE OF EQUIPMENT	AMOUNT	TAX	TOTAL
	LEASE TERMS	MOS @	DEPOSIT	
	REFERRED BY: Mike Grace			

I/we hereby authorize Grace Capital Co., to investigate my/our credit worthiness. By the execution of the 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.

Signature: _____ Title: _____

Company Name: _____ Date: _____