

eLease 550 1<sup>ST</sup> Avenue North St. Petersburg, FL 33701 Tel: 1-800-499-2577

Fax: 800-233-8303

## **Lease Application**

	_					Rev 02/02
	Les	see			Vendor	
Company Name:				Company Name:		
DBA:		Fed Tax ID	: <u></u> _	Address:		
Address:				City, State & Zip:		
City, State & Zip:				Telephone:	Fax:	
Business Phone #:	:			Contact:		
Contact Name:						
_					Bank References	
Business Description:				Principal Bank:		
Time In Business Under Current Ownership:						
Type of Business:	S-Corp		☐ Proprietorship	<b>.</b>		
	☐ Partnership	☐ Corporation	☐ Non-Profit	Contact:		
		Per	sonal Information	on of Lessee Owners		
Owner 1:			DOB:	Owner 2:		DOB:
Home Address:						
City, State & Zip:				City, State & Zip:		
Telephone:				<b>T</b> 1 1		
Social Security #:  % Ownership:			Social Security #:	% Ownership:		
representatives, successors, relationships ("Recipients"): (1 TransUnion, Experian and Eq. this application), of any inform application, to any or all Recipielonging to you, including with A photostat or facsimile copy	assigns, designees and third- 1) to obtain consumer or persoi quifax, and from other credit bu nation relating to any of you, to a pients for the foregoing purpose ireless numbers (if applicable),	party funding partners, which nal, business and investigative reaus, banks, creditors and any Recipients, including but es; and (4) to contact you via using an automated telephors side valid as the original. By sig	n includes lenders, finance provide re reports and other information aboother third parties; (2) to obtain the r not limited to deposit, borrowing and e-mail, call and/or text-message at the dialing system or other similar sys	rs and equipment leasing companies with who ut you, including credit card processor stateme elease, by any creditor, financial institution, or I rade information; (3) to transmit this application the e-mail address and/or phone number provice term with respect to this application, future-relation.	"), provide written authorization to Elease Fundi me Lease has, or may in the future enter into nts and bank statements, from one or more cons third-party reference (including but not limited to on form, along with any of the foregoing informatic ded above, or at any e-mail address and/or phon ted commercial-financing opportunities and/or oth in this application as well as (ii) certify that all info	, commercial-brokerage-financing sumer reporting agencies, such as the named entities/references on on obtained in connection with this enumber reasonably identified as her lawful telemarketing purposes.
Signature:				Signature:		
Date:				Date:		
Address of Installa		quipment to I	be Leased (Atta	ch equipment sched	ule if necessary)	
Quantity	Model		Description		Serial Number(s)	Purchase Price (w/o tax)
		Composable	a Landina Defe	on and Trade Day	Savanaaa	
		Comparable Phone	e Lending Refer	ences and Trade Ref	Account	
Name:		Number:		Person:	Number:	
Nama		Phone		Contact	Account	
Name:		Number: Phone		_ Person: Contact	Number: Account	

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.

Person:

Number:

Number:

Name:

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 Lessor set forth above 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.