

Bank Authorized
Equipment Leasing and Financing Agents



- * Healthcare
- * High Technology
- * Broadcasting
- * Colleges
- * Industry
- * Municipal / Govt.

QUOTATION REQUEST FORM

Your Co. Name:	
Your Name:	
Your Email Address:	
Your Phone Number:	
Your Phone Extension:	
\$ Amount Needed:	
Terms Preferred: (2-5 years, low or no down, \$1 buyout or 10%, lease or loan, or all)	
Date \$ Needed:	
Proposed use of \$: Needed: <u>(a few examples below)</u> Commercial vehicle(s) Computer(s) Copy machine(s) Dental equipment Fork lift(s) Installation & delivery fees Manufacturing equipment Medical equipment Office furniture Pharmacy med carts, sorter Point of sale equipment Phone system Signs Software	
Reason for needed items: (moving, branching, growing, prior lease expiration, upgrade, etc.)	

QUESTIONS? Call or email me today!

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858-451-0400 PH

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SAN DIEGO, CA

92150

FEDEX / COURIER ADDRESS:

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SUITE # 1304-351

SAN DIEGO, CA 92128

CORPORATE ADDRESS:

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SUITE # 300

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Calif. Finance Lender / Broker License #603H958