



- * Healthcare
- * High Technology
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Since 1986

LEASE / PURCHASE FINANCING APPLICATION

B U S I N E S S	BUSINESS NAME/LESSEE			TELEPHONE	
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY) (ZIP CODE)
	TYPE OF BUSINESS	FAX	YEARS UNDER SAME OWNERSHIP	AGE OF BUSINESS	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE)	(COUNTY) (ZIP CODE)

O W N E R S H I P	Business Structure				
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)			OWN RENT	
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)			OWN RENT	
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HOME ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)			OWN RENT		

B A N K S	BANK (& DETAILS IF MERGED LATELY)	BRANCH	YEARS AT BANK	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	CONTACT (& NEW PH. # IF MOVED)		CURRENT BALANCE
	BANK (& DETAILS IF MERGED LATELY)	BRANCH	YEARS AT BANK	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	CONTACT (& NEW PH. # IF MOVED)		CURRENT BALANCE

T R A D E S	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

E Q U I P M E N T	PRIMARY VENDOR	OTHER VENDOR(S)			CONTACT
	ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	TELEPHONE
	EQUIPMENT TO BE LEASED				
	COST OF EQUIPMENT	TERMS OF LEASE	FACTOR / PAYMENT	INITIAL INVESTMENT	

X _____ SIGNATURE to OK checking Co. & personal credit bureaus _____ date