

VENDOR	Vendor Name	Contact Name
	Address	Phone Number
		Fax Number Vendor I.D. Number

CUSTOMER	Business Name	Phone Number with Area Code
	Billing Address	Type of Business
		D&B Rating Number
	Date Business Started	Business Structure <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Municipal <input type="checkbox"/> Non-Profit

PRINCIPAL(S)	Owner Name	Owner Name
	Social Security Number Title	Social Security Number Title
	Home Address	Home Address
	Phone Number with Area Code	Phone Number with Area Code

BANK REFERENCES	Bank Name	Bank Name
	Branch Address	Branch Address
	Name of Officer/Contact Phone Number	Name of Officer/Contact Phone Number
	Checking Account Number Date Account Opened	Checking Account Number Date Account Opened

EQUIPMENT INFORMATION	Quantity	Equipment Make	Model Number	Description (Attach Separate Schedule if Necessary)			
	Equipment Cost	(PLUS)	Installation/Maintenance Cost	(PLUS)	Other Software Cost	(EQUALS)	Total Cost
		+		+		=	
Term in Months	Rate Factor	Purchase Option: <input type="checkbox"/> FMV <input type="checkbox"/> \$1 <input type="checkbox"/> 10% <input type="checkbox"/> Other _____					
Equipment Location (if not same as above)							

PAYMENT INFORMATION	Number of Lease Payments	Lease Payment	(PLUS)	Sales Tax	(EQUALS)	Total Lease Payment
			+		=	
			+		=	
			+		=	
	Term of Lease in Months	Payment Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____				
	Security Deposit	(PLUS)	First Period Payment	(PLUS)	Other	(EQUALS)
	+		+		=	

THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT OUR ECOA COMPLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF THIS ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO 1111 OLD EAGLE SCHOOL ROAD, WAYNE, PA 19087 OR BY CALLING (610) 386-5641. WHEN CONTACTING THE DEPARTMENT, PLEASE BE SURE TO REFERENCE THE APPLICATION NUMBER ON THE NOTIFICATION LETTER. WE WILL PROVIDE YOU WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER WE HAVE RECEIVED YOUR REQUEST.

NOTICE: 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 CONCERNING LESSOR IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580

I HEREBY AUTHORIZE LESSOR OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY LESSOR TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY.

PLEASE CHECK: I HAVE RECEIVED A COPY OF MY LEASE APPLICATION

SIGNATURE _____ TITLE _____ DATE _____