

LESSEE INFORMATION					
Legally Registered Name		Trade or DBA Name		Primary Contact	
Street Address		City, State, Zip		Phone & Ext. E-mail	
Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Other _____		Nature of Business		Federal Tax ID	
		Parent Company Name/State of Organization		Address	
Years in Business yr(s)	State of Organization	Gross Annual Sales		Website	

LESSEE BORROWING/BANKING INFORMATION					
Bank Name	Account Number	Contact	Phone	Ext.	Fax Number
Bank Name	Account Number	Contact	Phone	Ext.	Fax Number
Trade Supplier	Account Number	Contact	Phone	Ext.	Fax Number

PRINCIPAL INFORMATION (If more than two, copy form and complete for each)					
Principal First Name		Last Name		Will Principal Guarantee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address		City, State, Zip		% Ownership	Owner Since      SS#
Principal First Name		Last Name		Will Principal Guarantee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address		City, State, Zip		% Ownership	Owner Since      SS#

VENDOR INFORMATION					
Vendor Name		Address		City, State, Zip	
Vendor Sales Rep		Phone Number		Fax Number      E-mail Address	

EQUIPMENT INFORMATION					
<u>Equipment Description</u>	<u>Equipment Cost</u>	<input type="checkbox"/> New	Location of Equipment (if different from Business Address)	Total Equipment Cost \$	Amount of Each Payment \$
_____	_____	<input type="checkbox"/> Used			
_____	_____	Year of Equip. (if used) _____	Leasing Plan <input type="checkbox"/> FMV <input type="checkbox"/> \$100 buyout <input type="checkbox"/> Other _____		Advance Payment (s) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other
_____	_____				
Total Cost	\$ _____				
<b>Dealer Information</b>		Lease Term		Expected Delivery Date	Security Deposit \$
Split Fund to Dealer & Panasonic? <b>YES / NO</b>		<input type="checkbox"/> 24, <input type="checkbox"/> 36, <input type="checkbox"/> 48, <input type="checkbox"/> 60 months			

The undersigned acknowledge and understand that our company is relying on this information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents warrants and certifies that the information provided herein is true, correct and complete and agrees to notify our company immediately of any changes to this information. 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 that 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 this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3710, Houston, Texas 77010.

**Authorization for Disclosure of Business and Personal Credit Information**

Applicant hereby authorizes the release of business and personal credit information to our company, or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and applicant's bank and trade references. By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to our company, or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. The undersigned hereby represents that all of the information contained in this credit application is true, correct and complete.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print Name)