

COMMERCIAL LEASE APPLICATION

APPLICANT BUSINESS INFORMATION	<u>COMPANY LEGAL NAME & DBA IF APPLICABLE (PLEASE WRITE BELOW)</u>				
	BILLING ADDRESS	STREET	CITY & STATE	ZIP CODE	COUNTY
	DELIVERY ADDRESS	STREET	CITY & STATE	ZIP CODE	COUNTY
	TELEPHONE:	FAX:	EMAIL ADDRESS:		
	CONTACT:	CELL:	WEBSITE:		
	DATE INCORPORATED:	YEARS IN BUSINESS:	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC
	NATURE OF BUSINESS:		FEDERAL TAX ID #		
	GUARANTOR INFORMATION	NAME	TITLE	SS#	HOME PHONE
ADDRESS					
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS):					
NAME		TITLE	SS#	HOME PHONE	% OWNED
ADDRESS					
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS):					
BUSINESS BANK INFORMATION		BANK NAME	ACCOUNT #	TELEPHONE	OFFICER
TRADE REFERENCES	FIRM NAME	TELEPHONE	FAX	OFFICER	CITY & STATE HOW LONG? HIGH CREDIT
VENDOR EQUIPMENT INFORMATION	VENDOR NAME:				
	ADDRESS:	CITY & STATE:		ZIP CODE:	
	PHONE	FAX	CONTACT	WEBSITE	
	EQUIPMENT TO BE LEASED:		COST (WITHOUT TAXES)		
	<input type="checkbox"/> NEW <input type="checkbox"/> USED (IF USED, YEAR MANUFACTURED)		LEASE TERMS:	MONTHLY PAYMENT:	

By signing below, the undersigned individual as principal of and/or guarantor for the applicant 1) Authorizes Summation Financial Group, LLC, its designee, assigns or potential assigns, to review his/her personal credit profile provided by the national credit bureaus in considering this application. 2) Authorizes all bank and trade information to be released by telephone or fax. 3) Certifies that all information contained herein is true and complete. A facsimile or photocopy of this authorization shall be valid as the original.

X _____
 Signature Print

 Date

X _____
 Signature Print

 Date