

BC LEASING ASSOCIATES - Lease/Loan Application

1121 S. Military Trail, #112, Deerfield Beach, FL 33442-7645

(954) 360-9900 Fax (954) 360-9922 Toll Free (888) 360-9944

APPLICANT: _____

Mailing Address: _____

Equip. Location: _____

Tele#: _____ FAX#: _____ Contact: _____

Corporation: _____ Proprietorship: _____ Partnership: _____ County: _____ FEI#: _____

Type of Business: _____ Date Established: _____
(Month/Year)

PROPRIETOR•PARTNERS•STOCKHOLDERS: (Indicate title and % of ownership)

Name: _____ SSN: _____

Residence: _____

Tele#: _____ Birth Date: _____ Spouse: _____

Name: _____ SSN: _____

Residence: _____

Tele#: _____ Birth Date: _____ Spouse: _____

BANK REFERENCES: (Two year history)

1. _____ Tele#: _____ Officer: _____

Cking#: _____ Sav#: _____ Loan#: _____

2. _____ Tele#: _____ Officer: _____

Cking#: _____ Sav#: _____ Loan#: _____

LOANS/LEASES: (Comparable credit)

1. _____ Tele#: _____ Acct#: _____

2. _____ Tele#: _____ Acct#: _____

TRADE REFERENCES: (Two year history)

1. _____ Tele#: _____ Contact: _____

2. _____ Tele#: _____ Contact: _____

3. _____ Tele#: _____ Contact: _____

LANDLORD: _____ Tele#: _____ Contact: _____

INS. AGT: _____ Tele#: _____ Contact: _____

Approximate Cost of Equipment: \$ _____ Term of Lease: _____

Equipment: _____

Vendor: _____ Salesman: _____

Address: _____ Telephone: _____

I hereby authorize any credit reporting agency, our banks, trade references and financial institutions to release credit information to BC Leasing Associates and/or Assignee, and further warrant that all the information above is true and complete.

Signature: _____ Title: _____ Date: _____