

VENDOR	Vendor Name			Contact Name		
	Address			Phone Number		
	City	State	Zip	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		
	City	State	Zip	City	State	Zip
	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)		City	State	Zip		

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)	Total Payment Enclosed
+		+		=		

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 _____