



Equipment Leasing Specialists, Inc.

1600 Town Commons, Suite 103
Howell, MI 48855
Phone: 517-579-2540 ♦ Fax: 517-579-2849
Toll Free: 877-64-LEASE

COMMERCIAL EQUIPMENT LEASING APPLICATION

BUSS: LEGAL BUSINESS NAME & ASSUMED NAME IF ANY (LESSEE), TELEPHONE, ADDRESS (STREET), (CITY), (STATE), (COUNTY), (ZIP CODE), BUSINESS STRUCTURE, AGE OF BUSINESS, FED. TAX NO., LOCATION OF EQUIPMENT IF DIFFERENT THAN ABOVE (STREET), (CITY), (STATE), (COUNTY), (ZIP CODE)

OWNERSHIP: DESCRIPTION OF BUSINESS / TYPE, E MAIL ADDRESS, PRINCIPAL'S (1) NAME, TITLE, % OWNERSHIP, HOME PHONE NO., DATE OF BIRTH, SOC. SEC. NO., HOME ADDRESS (STREET), (CITY), (STATE), (ZIP CODE), OWN, RENT, DRIVERS LICENSE NO., PRINCIPAL'S (2) NAME, TITLE, % OWNERSHIP, HOME PHONE NO., DATE OF BIRTH, SOC. SEC. NO., HOME ADDRESS (STREET), (CITY), (STATE), (ZIP CODE), OWN, RENT, DRIVERS LICENSE NO., PRINCIPAL'S (3) NAME, TITLE, % OWNERSHIP, HOME PHONE NO., DATE OF BIRTH, SOC. SEC. NO., HOME ADDRESS (STREET), (CITY), (STATE), (ZIP CODE), OWN, RENT, DRIVERS LICENSE NO.

BANKS: BANK #1, CONTACT, BUSINESS CHECKING ACCT. NO., TELEPHONE, ACCOUNT UNDER NAME OF, LOAN HISTORY, LOAN ACCT. NO., FAX, BANK #2, CONTACT, BUSINESS CHECKING ACCT. NO., TELEPHONE, ACCOUNT UNDER NAME OF, LOAN HISTORY, LOAN ACCT. NO., FAX

TRADES: COMPANY NAME, ACCOUNT NO., TELEPHONE NO., CONTACT PERSON

EQUIPMENT: VENDOR / SUPPLIER, CONTACT, ADDRESS (STREET), (CITY), (STATE), (ZIP CODE), TELEPHONE, EQUIPMENT TO BE LEASED, ADVANCE PAYMENT, COST OF EQUIPMENT w/o Tax, TYPE OF LEASE, RATE FACTOR, TERM, * All Leases require a Documentation Fee that will be determined and specified upon approval

RELEASE AUTHORIZATION

I hereby authorize Equipment Leasing Specialists, Inc. and/or it's assigns or designees to investigate all credit information, including but not limited to consumer credit reports, bank and trade references and accountant information for the purposes of processing this lease credit application. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. Further, I (We) authorize the transmission of this information via the Internet to "secured" sites only. All principals hereto agree that a fax copy of this application may be treated and considered the same as an original, including the signature(s) below. Regulation B provides you the right to obtain a written statement of the specific reasons for adverse credit decisions. To obtain such statement, please contact us in writing within sixty (60) days from the date you are notified of our decision. We will provide our written response within thirty (30) days thereafter.

PRINCIPAL'S (1) Signature: _____ Title: _____ Dated: _____
PRINCIPAL'S (2) Signature: _____ Title: _____ Dated: _____
PRINCIPAL'S (3) Signature: _____ Title: _____ Dated: _____