



Contact: Ron Kurkowski
 Phone: 248-921-9737
 Fax: 810-229-2296

EQUIPMENT FINANCING / LEASE APPLICATION

B U S I N E S S	LEGAL BUSINESS NAME & ASSUMED NAME IF ANY (LESSEE)				TELEPHONE	
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	BUSINESS STRUCTURE <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> L.L.C. <input type="checkbox"/> OTHER: _____				AGE OF BUSINESS	FED. TAX NO.
	LOCATION OF EQUIPMENT IF DIFFERENT THAN ABOVE (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)

O W N E R S H I P	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)	<input type="checkbox"/> OWN <input type="checkbox"/> 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)	<input type="checkbox"/> OWN <input type="checkbox"/> 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)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	DRIVERS LICENSE NO.	

B A N K S	BANK #1		CONTACT	BUSINESS CHECKING ACCT. NO.	TELEPHONE
	ACCOUNT UNDER NAME OF		LOAN HISTORY <input type="checkbox"/> Yes <input type="checkbox"/> NO	LOAN ACCT. NO.	FAX
	BANK #2		CONTACT	BUSINESS CHECKING ACCT. NO.	TELEPHONE
	ACCOUNT UNDER NAME OF		LOAN HISTORY <input type="checkbox"/> Yes <input type="checkbox"/> NO	LOAN ACCT. NO.	FAX

T R A D E S	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

E Q U I P M E N T	VENDOR / SUPPLIER				CONTACT	
	ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	TELEPHONE
	EQUIPMENT TO BE LEASED <input checked="" type="checkbox"/> New <input type="checkbox"/> Used (Specify Year Manufactured) _____				ADVANCE PAYMENT First & Last __ Months in Advance <input type="checkbox"/> Other _____ (Specify) in Advance	
	COST OF EQUIPMENT w/o Tax	TYPE OF LEASE <input type="checkbox"/> \$ 1.00 <input type="checkbox"/> 10% <input type="checkbox"/> FMV	RATE FACTOR	TERM <input type="checkbox"/> 24 Mo. <input type="checkbox"/> 36 Mo. <input type="checkbox"/> 48 Mo. <input type="checkbox"/> 60 Mo.		

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: _____

* All Leases require a Documentation Fee that will be determined and specified upon approval