

LEASE APPLICATION



Fax Application to 562-249-7969

**If you have a question please phone:
562-326-5720 ext. 1427**

LESSEE INFORMATION				
Legally Registered Name		Trade or DBA Name		Primary Contact
Street Address		City, State, Zip		Phone #
Nature of Business		Email	Bank name & Phone #:	Fax #
				Checking acct # _____
PRINCIPAL INFORMATION (If more than two, copy form and complete for each)				
Principal First Name		Last Name		Street Address
City, State, Zip		Phone		SS#
VENDOR INFORMATION				
Vendor Name		Phone Number		Address, City, State, Zip
EQUIPMENT INFORMATION				
<u>Equipment Description</u>	<u>Equipment Cost</u>		<u>Lease Term</u>	<u>Leasing Plan</u>
_____	_____		_____ 24	_____ \$100.00 buyout
_____	_____	___ New	_____ 36	_____ 10% buyout
_____	_____	___ Used	_____ 48	
_____	_____		_____ 60	_____ Other
Total Cost	\$ _____			

The undersigned acknowledge and understand that our company is relying on this information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents warrants and certifies that the information provided herein is true, correct and complete and agrees to notify our company immediately of any changes to this information. 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 that 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 this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3710, Houston, Texas 77010.

Release: This will be ProMed Solutions, Inc. authority and my request for ProMed Solutions, Inc. to obtain any information requested concerning personal or company credit standing. I authorized ProMed Solutions, Inc. to use a third party to run my credit, if needed.

Signature _____
(Applicant's Signature)

Name _____ Date _____