

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 (providing that the applicant has the legal 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 Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

System/Cost/Terms

Type of Proposed System	System Cost	Proposed Term (Months)	Is the system New or Used? <input type="checkbox"/> New <input type="checkbox"/> Used	Has the system been delivered? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Vendor of Equipment ("Supplier")

Vendor Name	Contact Person	Telephone Number	Fax Number
Vendor Address	City	State	Zip
		Email Address	

Applicant Company Information

Legal Company Name	D/B/A	Signer Name & Title		
Company Address	City	County	State	Zip
Telephone Number	Fax Number	Email	Business Start Date	
Nature of Business	Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC	Federal ID# (9 digits)	State Organizational ID #	
System location if different than Company Address				

Additional Companies Owned

Legal Company Name	Time in Business	Address	City	State	Zip
Legal Company Name	Time in Business	Address	City	State	Zip

Personal Information of Guarantors

Name	Title	% of Ownership	Social Security Number	Driver's License Number
Home Address	City	State	Zip	Home Phone Number
Email Address	Annual Personal Income	Own or Rent	How Long?	
You authorize us to investigate your credit as provided below	Signature X	Date	Date of Birth	
Name	Title	% of Ownership	Social Security Number	Driver's License Number
Home Address	City	State	Zip	Home Phone Number
Email Address	Annual Personal Income	Own or Rent	How Long?	
You authorize us to investigate your credit as provided below	Signature X	Date	Date of Birth	

Company Bank References

Name of Bank/Branch	How Long?	Checking Acct. # or Loan Acct. #	Telephone Number	Contact Officer
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Applicant Financial Information

- No. of years owner/CEO has been in this line of business: _____
- No. of years in business at current address: _____
- No. of employees: _____
- Approximate net worth of business: \$ _____
- Approximate net profit after tax last year: \$ _____
- Approximate net profit after tax for the year before last: \$ _____

THE FOLLOWING ITEMS WILL HELP EXPEDITE APPROVAL AND ASSURE THE LOWEST POSSIBLE PAYMENT.

- Completed and signed application.
- Most recent financial statements with auditor's cover letter.
- Full personal guarantor information.

FAX COMPLETED APPLICATION TO: 800.736.0218

LCA understands that the applicant is considering asking LCA to remit funds for the equipment described above from the Supplier to enter into a lease/finance agreement. I/we hereby request and authorize you, Lease Corporation of America, ("LCA") to whom this application is made, or your agents or assigns, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. By the execution of this application, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any requested information. If any of the applicants (i.e. guarantors) have not signed this application, I/we hereby warrant that I/we have their written authorization for you to investigate their credit. I/we warrant it is understood that LCA reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, and I/we will indemnify LCA for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended leased equipment if any of the information contained herein turns out to be incorrect, and I/we hereby request any above named entity to consider this to be our written request to release all information requested by LCA to LCA. We also hereby acknowledge receipt of a copy of this application.

Signature **X**

Date