



Express Funding Solutions ■ 1118 Sutton Drive ■ McDonough, GA 30252 ■ **phone: 888-757-0933** ■ **fax: 888-583-7270** www.leaseorloan.com

The business equipment you are acquiring can be leased/financed (subject to credit approval) under the following terms:

TOTAL EQUIPMENT COST: \$ _____ Term: _____ mos. Rate Factor Used: _____
 Monthly Payment (plus applicable taxes): \$ _____ Purchase Option: _____
 Advance Rentals: \$ _____ Security Deposit: \$ _____ Other: _____

EQUIPMENT BEING LEASED (including quantity, make and model) **CHECK HERE IF EQUIPMENT IS USED.**

LESSEE INFORMATION

Full Legal Business Name: _____ Contact Name: _____
 Address: _____
Street City County State Zip
 E-Mail: _____ Internet Address: _____
 Phone: (____) _____ Fax: (____) _____ Federal Tax ID #: _____ Years in Business: _____
 Nature of Business: _____ Business Type: Corporation Limited Liability Corp.
 Partnership Proprietorship
 State of Incorporation/Organization: _____

OWNERS, PARTNERS OR GUARANTORS

1) Name: _____ Title: _____ SS#: _____
 Home Address: _____ Home Phone: (____) _____
 2) Name: _____ Title: _____ SS#: _____
 Home Address: _____ Home Phone: (____) _____

BANK INFORMATION

Name of Bank: _____ Bank Officer: _____
 Phone: (____) _____ Deposit/Check Acct #: _____ Loan Acct. #: _____
 Name of Bank: _____ Bank Officer: _____
 Phone: (____) _____ Deposit/Check Acct #: _____ Loan Acct. #: _____

EQUIPMENT VENDOR INFORMATION

Name: _____ Contact: _____
 Address: _____
Street City County State Zip
 Phone: (____) _____ Fax: (____) _____ E-Mail: _____

I authorize Express Funding Solutions or their designee to obtain information regarding my bank and trade references, as necessary, for the purposes of extending a business line of credit on my behalf. By signing below, you authorize Express Funding Solutions, its designee, assigns or potential assigns to review your personal credit profile provided by national credit bureaus in considering this application and for the purpose of update, renewal, extension, or collection activities associated with the account. A fax, photocopy, or electronic signature of this authorization shall be as valid as the original.

X _____