

Lease Finance Group, a division of Signature Bank

9800 Bren Road East, Suite 200 • Minnetonka, MN 55343 • (952) 944-3314 • Fax (952) 944-3661

LEASE CREDIT APPLICATION

(Customer Legal Name)

Vendor

(Complete Street Address)

Address

City State Zip

Telephone No. ()

EQUIPMENT (LIST QUANTITY, MODEL, DESCRIPTION & S/N)

Empty box for listing equipment details.

County

Telephone No. ()

Fax No. ()

NATURE OF BUSINESS

Years in Business Present Control

Corporation Partnership Proprietorship

State of Incorporation Charter No.

Federal Tax I.D. No.

Landlord

Landlord Phone No. ()

Equipment Location

PRICE DATE Lease Term Mos.

Total Equipment Coast \$

Purchase Option \$1.00 10% FMV

Sales Tax (%) \$

Rental Amount: \$

Documentation & Filing Fees \$

Advance Rentals # = \$

Total Amount \$

NAMES OF PRINCIPAL OFFICERS OR PARTNERS COMPLETE FOR ALL APPLICANTS EXCEPT FOR PUBLICLY TRADED CORPORATIONS.

Name

Name

Home Address

Home Address

Zip

Zip

Title S.S.

Title S.S.

BANK REFERENCE

TRADE REFERENCE

(1) Name

(1) Name

City / State

City / State

Contact

Telephone No. ()

Telephone No. ()

(2) Name

Account No.

City / State

Previous bank, if listed above is less than two (2) years old

Telephone No. ()

(2) Name

(3) Name

City / State

City / State

Contact

Telephone No. ()

Telephone No. ()

(4) Name

Account No.

City / State

Telephone No. ()

I authorize you to obtain or exchange such information as you may require in connection with this application. I affirm that each of the answers given is true and correct and is made for the purpose of obtaining credit. Undersigned individuals, recognizing that their individual credit history may be a factor in the evaluation of the credit of the applicant, hereby authorize the above named business credit provider and/or their assignees to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waive any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

SIGN HERE SIGN HERE

Date

Date