FirstLease, Inc.

185 Commerce Drive, Unit 102 Fort Washington, PA 19034
APPLICANTS NAME

EXACT LEGAL NAME

BUSINESS STRUCTURE

PROPRIETOR-SHIP	CORPORA-TION	PARTNERSHIP	LIMITED LIABILITY CO.	STATE OF INCOR-PORATION	YEARS IN BUSINESS

LESSEE INFORMATION

LESSEE (EXACT LEGAL NAME OR D/B/A)			E-MAIL ADDRESS		
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NO. ( )	
TYPE OF BUSINESS	COUNTY	YEAR UNDER CURRENT OWNER	FEDERAL TAX ID NO. (IF ANY)		

OWNERSHIP

PRINCIPAL #1 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO. - -
STREET ADDRESS	CITY	STATE	ZIP	HOME TELEPHONE NO. ( )
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	DO YOU OWN YOUR HOME? YES / NO (CIRCLE ONE) MONTHLY MORTGAGE PAYMENT $			
PRINCIPAL #2 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO. - -
STREET ADDRESS	CITY	STATE	ZIP	HOME TELEPHONE NO. ( )
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	DO YOU OWN YOUR HOME? YES / NO (CIRCLE ONE) MONTHLY MORTGAGE/RENT (Residence only)			

BANK

BANK NAME	CONTACT NAME	CITY	CURRENT CHECKING BAL-ANCE	TELEPHONE NO. ( )
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.	LOAN NO.	

TRADES

COMPANY	CONTACT	TELEPHONE
		( )
		( )

DESIRED TERMS (Check one)

LEASE TERM IN MONTHS				
12	24	36	48	60
PURCHASE OPTION $1	10%	FMV		

I understand this equipment application may be approved based upon my business and personal credit. I authorize First Lease, Inc. or its assignees to check references, bank accounts and credit information.

I authorize Firstrust Bank to share financial information with FirstLease.

X _____ _____

AUTHORIZED SIGNATURE **DATE**

EQUIPMENT DEALER

DEALER NAME	
CONTACT	PHONE
EQUIPMENT COST	
EQUIPMENT TYPE	

ADDITIONAL INFORMATION

If the business has been in operation under present ownership for less than two years, or equipment cost exceeds $50,000 please provide:

*Financial Statements or Tax Returns on Company for most recent two years and most recent Interim Financial Statement.

Please include an itemized quote or Invoice, if available.

Fax completed application or mail to address above:

ATTN: Mark Kelly

FAX: (215) 283-9870

TEL.: (866) 493-4778 ext. 235