



Customer Information	Company Name OR Individual Last, First and Middle Name, Suffix				DBA	
	Company Address		City	State	Zip	County
	Contact Name		Business Telephone #		Business Fax #	
	Contact E-mail		State Organization ID #		Federal Tax ID Number	

Business Type	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Limited Partnership	
	<input type="checkbox"/> S Corporation		<input type="checkbox"/> General Partnership		<input type="checkbox"/> C Corporation	
State of Incorporation		Date Established	Yrs in Business (Present Ownership)		Nature of Business	

Equipment and Vendor Information (Attach separate sheet if necessary)	Equipment Group Installation Address (If different from above)		City		State	Zip	
	Qty	Manufacturer/Model/Description/Serial Number			Delivery Date	Equipment Cost	Total Cost
	1. Vendor Name		Contact Name		Contact Telephone #	Fax #	
	Vendor Address, City, State, Zip					E-Mail Address	
	Qty	Manufacturer/Model/Description/Serial Number			Delivery Date	Equipment Cost	Total Cost
	2. Vendor Name		Contact Name		Contact Telephone #	Fax #	
	Vendor Address, City, State, Zip					E-Mail Address	
	Total Amount Financed =						\$ _____

Payment Plan	Lease Term (months)				Lease Structure			
	<input type="checkbox"/> 24	<input type="checkbox"/> 36	<input type="checkbox"/> 48	<input type="checkbox"/> 60	<input type="checkbox"/> FMV	<input type="checkbox"/> 10% PUT	<input type="checkbox"/> \$1 OUT	<input type="checkbox"/> Fixed Purchase

Bank and Lease References	1. Bank Name		City		State	Contact Name
	Lease/Loan Acct. #		Lease/Loan Original Date		Lease/Loan Original Term (months)	
	Checking Acct. #		Telephone #		Fax #	
	2. Bank Name		City		State	Contact Name
	Lease/Loan Acct. #		Lease/Loan Original Date		Lease/Loan Original Term (months)	
	Checking Acct. #		Telephone #		Fax #	

2 Year History <i>(please include copy of last three months bank statements. 1st page only.)</i>	1. Name		Title		% Ownership	Owner Since:
	Home Address			City, State, Zip		
	Home Telephone #	Fax #	E-mail		Social Security #	Date of Birth
	2. Name		Title		% Ownership	Owner Since:
	Home Address			City, State, Zip		
	Home Telephone #	Fax #	E-mail		Social Security #	Date of Birth
	3. Name		Title		% Ownership	Owner Since:
	Home Address			City, State, Zip		
	Home Telephone #	Fax #	E-mail		Social Security #	Date of Birth

By submitting this Application, you grant consent to and authorize **Industrial Financial Services, Inc.** (IFS) and its agents to obtain commercial and consumer credit reports and make other credit inquiries that it determines necessary, and you represent that each individual listed on this Application as a principal, partner, owner, guarantor or obligor likewise has authorized IFS to obtain consumer credit reports and make other credit inquiries that it deems necessary on them. You also warrant the information on or accompanying this Application is true and complete, and you agree to notify IFS of any material change in any such information. You authorize IFS and any credit bureau or investigative agency to investigate the references, statements and other data on or accompanying this Application, and you authorize anybody contacted to release credit and financial information requested as part of said investigation. Finally, you confirm that this Application is submitted in connection with financing solely for business and commercial purposes and NOT for personal, family or household purposes.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

EQUAL CREDIT OPPORTUNITY ACT. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact our Customer Service Representative, 3308 Woods Mill Drive, Hilliard, OH 43026 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. **NOTICE:** 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 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.

Signature X _____ **Print Name** _____ **Date** _____

CREDIT AUTHORIZATION

I/We authorize the Leasing Company to make any necessary credit inquiries deemed proper in connection with this lease application. I/We authorize and instruct any person or consumer reporting agency to compile and furnish to the Leasing Company any information that it may have or obtain in response to such credit inquiries and agree that such information, along with the application, shall remain the Leasing Company property whether or not the lease is approved.

USA PATRIOT ACT: . To help the government fight the funding of terrorism and money laundering activities. federal law requires all financial institutions to obtain, verify and record information that identifies all persons or entities that open an account. Accordingly, when an account is being established, we will ask for certain information, including name, address, tax identification number, date of birth or other information concerning individuals with authority or control over the account. We may ask to be provided with documentation to verify the identifying information that is provided.

NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATION AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATURAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS CAPACITY TO ENTER INTO A BINDING CONTRACT); 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 IS THE:

FEDERAL TRADE COMMISSION
EQUAL CREDIT OPPORTUNITY
WASHINGTON, D.C. 20580

Printed Name

Printed Name

Signature

Signature

Title

Title

NOTE: Use full legal name(s), signature(s) must be only those of duly authorized corporate officer, partner, or proprietor with title indicated.