

LEASING SERVICES
East Coast EDM & Remedy Machine Sales
215-540-0404

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EQUIPMENT LEASING APPLICATION

B U S I N E S S	(X) at BUSINESS STRUCTURE: PROPRIETORSHIP, PARTNERSHIP, CORPORATION (C-CORP OR S-CORP)		
	BUSINESS NAME/LESSEE		CONTACT
	ADDRESS (STREET)		DATE BUSINESS STARTED
	(CITY) (STATE) (COUNTY) (ZIP CODE)		
NATURE OF BUSINESS		E-MAIL ADDRESS:	PHONE NUMBER
LOCATION OF EQUIPMENT (STREET) *If different from above.		(CITY) (STATE) (ZIP CODE)	FAX NUMBER
			FED TAX NO.

O W N E R S H I P	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	SOC. SEC. NO.
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE) Own Rent
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	SOC. SEC. NO.
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE) Own Rent

B A N K S	BANK	CONTACT	ACCT #	TELEPHONE
	BANK	CONTACT	ACCT #	TELEPHONE

E Q U I P M E N T	VENDOR			CONTACT
	ADDRESS (STREET)			TELEPHONE NUMBER
	(CITY) (STATE) (ZIP CODE)			
	EQUIPMENT TO BE LEASED			FAX NUMBER
COST OF EQUIPMENT \$		TERMS OF LEASE	\$	DEPOSIT RECEIVED

By signing this application, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Leasing Services, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application. A fax copy or photocopy of this authorization shall be valid as the original.

***** ALL PRINCIPALS LISTED ABOVE MUST SIGN THE APPLICATION**

Leasing Services complies with section 236 of the USA Patriot Act. This law mandates we obtain and verify certain identifying information about the Lessee and its principals.

X _____
SIGNATURE/TITLE DATE

X _____
SIGNATURE/TITLE DATE