

VENDOR		Vendor Name		Contact Name
Address		Phone Number		Phone Number
City	State	Zip	Fax Number	Vendor ID Number

CUSTOMER		Business Name		Phone Number with Area Code
Billing Address		Type of Business		
Date Business Started		DBS Rating Number		
Business Structure				
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Municipal <input type="checkbox"/> Non-Profit				

PRINCIPAL(S)		Owner Name		Owner Name
Social Security Number	Title	Social Security Number	Title	
Home Address		Home Address		
City	State	Zip	City	State Zip
Phone Number with Area Code		Phone Number with Area Code		

BANK REFERENCES		Bank Name		Bank Name
Branch Address		Branch Address		
Name of Officer/Contact	Phone Number	Name of Officer/Contact	Phone Number	
Checking Account Number	Date Account Opened	Checking Account Number	Date Account Opened	

EQUIPMENT INFORMATION		Quantity	Equipment Make	Model Number	Description (Attach Separate Schedule if Necessary)
Equipment Cost	(PLUS) Installation/Maintenance Cost	(PLUS)	Other Software Cost	Total Cost	
Term in Months	Rate Factor	Purchase Option:			
Equipment Location (if not same as above)		<input type="checkbox"/> FAV <input type="checkbox"/> \$1 <input type="checkbox"/> 10% <input type="checkbox"/> Other	State Zip		

PAYMENT INFORMATION		Number of Lease Payments	Lease Payment	(PLUS)	Sales Tax	(EQUALS)	Total Lease Payment
Term of Lease in Months	Payment Frequency:						
Security Deposit	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	Fiscal Period Payment	Other	(EQUALS)	Total Payment Enclosed		

THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT OUR EEO COMPLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF THIS ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO 1111 OLD FABLE SCHOOL ROAD, WYAND, PA 19082 OR BY CALLING (610) 386-5641. WHEN CONTACTING THE DEPARTMENT, PLEASE BE SURE TO REFERENCE THE APPLICATION NUMBER ON THE NOTIFICATION LETTER. WE WILL PROVIDE YOU WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER WE HAVE RECEIVED YOUR REQUEST. 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 LIVES IN GOOD ADJUDICATED STATUS UNDER THE CONSUMER CREDIT PROTECTION ACT). THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING LESSORS IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580. I HEREBY AUTHORIZE LESSOR OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY LESSOR TO INVESTIGATE THE REFERENCES WHEN LISTED ON STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERFORMING TO MY CREDIT AND FINANCIAL RESPONSIBILITY. PLEASE CHECK: I HAVE RECEIVED A COPY OF MY LEASE APPLICATION.

SIGNATURE _____ TITLE _____ DATE _____