

Complete Legal Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_ FAX# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date Bus.Started: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ County: \_\_\_\_\_ Years Under Same Ownership: \_\_\_\_\_

Equipment Location: \_\_\_\_\_ Business Nature: \_\_\_\_\_

Type Of Business (Check One): Corporation Partnership Proprietorship Municipality Nonprofit LLC

Any Other Business Names Used? If so, please specify: \_\_\_\_\_

Federal I.D. No.: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_ D&B No.: \_\_\_\_\_

**OFFICERS/OWNERS/PARTNERS:** (Those authorized to sign lease.) *Social Security Number Required!*

Full Name	Title	%Owned	Home Address	Soc.Sec. #
<b>Principal #1</b>				
<b>Spouse:</b>				
<b>Principal #2</b>				
<b>Spouse:</b>				

Has any Owner/Officer filed Bankruptcy in the last 10 years? Yes No

**BANK REFERENCES:** (To support time in business, please list previous Bank(s), if applicable.) *Acct. # is Required!*

Bank Name	Phone #	Acct. # (List All)	Contact	Type Account

**TRADE REFERENCES:** (3 **MAJOR** Trades vital to daily operation of business that you have a long-standing relationship with)

Company Name	Phone #	Acct. #	Contact

**EQUIPMENT TO BE LEASED:** (Attach separate sheet if additional space is needed.)

QTY.	New/Used(Age)	Description	Model #	Price(w/o Tax)	Term Requested

**VENDOR:** Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone # \_\_\_\_\_ FAX # \_\_\_\_\_ Contact: \_\_\_\_\_

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes A.S.T. Financial Corp./comfinancial, L.L.C. to obtain from third parties information Lessor deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes A.S.T. Financial Corp., its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original. (Please note that we need a signed credit authorization for each individual listed above in the Officer/Owner section.)

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**For Faster Service, Please FAX Back As Soon As Possible -- Or Mail Back to The Address Listed Above**