

## LEASE APPLICATION

FULL COMPANY NAME

ADDRESS

TELEPHONE	CONTACT PERSON	FED. TAX I.D.#
TYPE OF BUSINESS <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		EQUIPMENT COST
NO. OF YEARS IN BUSINESS		
EQUIPMENT DESCRIPTION	PURCHASE OPTION <input type="checkbox"/> \$101 <input type="checkbox"/> 10% <input type="checkbox"/> \$1	PAYMENT AMOUNT
		LEASE TERM
MACHINE DEALER	SALESMAN	TELEPHONE #

NOTICE: If your application for business is denied, you have the right to a written statement of the specific reason for the denial. To obtain the statement, please contact the lessor named herein within 60 days from the date you are notified of our decision. We will send you a written statement of the reason for the denial within 30 days of receiving your request for status, age (provided the application has the capability to enter into a binding contract); because all or part of the application'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 Federal Trade Commission, ECOA, Washington, DC 20518.

### PERSONAL DATA

NAME	TITLE	% OF OWNERSHIP	SOCIAL SECURITY #
HOME ADDRESS	CITY	STATE	ZIP
NAME	TITLE	% OF OWNERSHIP	SOCIAL SECURITY #
HOME ADDRESS	CITY	STATE	ZIP
INSURANCE AGENT	TELEPHONE#		

### REFERENCE DATA

REFERENCES (LIST BANK OR BANKS. PREVIOUS BANK REQUIRED IF APPLICANT HAS BEEN AT PRESENT BANK FOR LESS THAN 2 YEARS.)

PRESENT BANK OF APPLICANT		PREVIOUS OR SECOND BANK OF APPLICANT	
BRANCH	PHONE	BRANCH	PHONE
NAME OF BANK OFFICER	ACCT#	NAME OF BANK OFFICER	ACCT.#
LOAN OR TRADE REFERENCES NAME AND ADDRESS	PHONE	CONTACT	

I AUTHORIZE THE RELEASE OF ANY CREDIT OR FINANCIAL INFORMATION TO SMCi LEASING OR ASSIGNEES.

**X** AUTHORIZED SIGNATURE & TITLE REQUIRED