



Airport Corporate Centre
 894 Beaver Grade Road, Suite 304
 Moon Township, PA 15108
 phone 412-262-3225
 fax 877-262-1154
 www.acceptlease.com

Equipment Leasing Application

| | | | | | | |
|-----------------|-----------------------------------|--|-----------|---------|-----------------|------------|
| BUSINESS | Business Name/Lessee | | Telephone | | E-mail | |
| | Address (Street) | | (City) | (State) | (County) | (Zip Code) |
| | Type of Business | | SIC Code | | Age of Business | |
| | Address of Incorporation (Street) | | (City) | (State) | (County) | (Zip Code) |
| | Location of Equipment (Street) | | (City) | (State) | (County) | (Zip Code) |

| | | | | | | |
|-----------------------|--|--------|---------|-------------|------------------------|------------------------|
| OWNERSHIP | Business Structure | | | | | |
| | <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership | | | | | |
| | Principal's Name | | Title | | % Ownership | Social Security Number |
| | Home Address (Street) | | (City) | (State) | (Zip Code) | Home Phone Number |
| | | | | Own | Rent | |
| Principal's Name | | Title | | % Ownership | Social Security Number | |
| Home Address (Street) | | (City) | (State) | (Zip Code) | Home Phone Number | |
| | | | | Own | Rent | |

| | | | | | | | | | |
|--------------|-----------------------|--|--------|-----------------------------------|-----|------------------|-----------|-------------------------------------|--|
| BANKS | Bank | | Branch | | Fax | | Telephone | | |
| | Account Under Name Of | | | Checking Account No . | | Current Balance | | Any NSF's In Last 12 Months? Yes No | |
| | Bank | | Branch | | Fax | | Telephone | | |
| | Account Under Name Of | | | 2nd Checking Account No . | | Current Balance | | Any NSF's In Last 12 Months? Yes No | |
| | Bank | | Branch | | Fax | | Telephone | | |
| | Account Under Name Of | | | Line Of Credit/Lease Account No . | | Original Balance | | Current Balance | |

| | | | | | | | | |
|---------------|--------------|--|----------------|--|------------------|--|----------------|--|
| TRADES | Company Name | | Account Number | | Telephone Number | | Contact Person | |
| | | | | | | | | |
| | | | | | | | | |

| | | | | | | | | |
|------------------|------------------------|--|----------------|---------|-----------------|-----------|--------------|--|
| EQUIPMENT | Vendor | | | | | Contact | | |
| | Address (Street) | | (City) | (State) | (Zip Code) | Telephone | | |
| | Equipment To Be Leased | | | | | | | |
| | Cost of Equipment | | Terms of Lease | | Monthly Payment | | End Position | |

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Acceptance Leasing and Financing Service, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. Furthermore, this authorization provides authority to obtain other credit information, both corporate and personal, in regards to the following: banking and savings personal, in regards to the following: banking and savings account of record; commercial/mortgage loan rating including opening date, high credit, term payments, payment record and rating: equipment leasing or financing. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual /s identified in the above application.

Name _____

Date _____

INFORMATION DISCLOSURE AUTHORIZATION

To Whom It May Concern:

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instructions to Acceptance Leasing and Financing Service, Inc., or its designee, assignee or potential assignee, authorizing review of his/her personal credit file from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. I also understand that by providing my fax number(s) that I consent to receive all fax communications sent by you or on behalf of Acceptance Leasing and Financing Service, Inc. now and in the future. Furthermore, this authorization provides authority to obtain other credit information, both corporate and personal, in regards to the following;

- Banking and savings account of record
- Commercial/Mortgage loan rating including opening date, high credit, term, payments, payment record and rating
- Equipment leasing or financing
- Trade History information
- Obtaining of credit bureau information on the principals of the company

IF THERE IS A SERVICE FEE TO PROVIDE THIS INFORMATION TO ACCEPTANCE LEASING AND FINANCING SERVICE, INC., I HEREBY AUTHORIZE YOU TO CHARGE MY ACCOUNT FOR THE APPROPRIATE AMOUNT.

This information is to be used in conjunction with the account holders seeking certain financial accommodations from/through Acceptance Leasing and Financing Service, Inc. We authorize you to release this information verbally, via the internet, fax, or e-mail if so capable. We authorize Acceptance Leasing and Financing Service, Inc. to transmit information verbally or via the internet, fax, or e-mail for purposes of credit evaluation.

A facsimile, photographic or carbon copy of this authorization (being a photo graphic or carbon copy of the signature(s) of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

Because time is of the essence, I/we would appreciate your prompt response.

By signature below, I/we affirm my/our identity as the respective individual/s identified in the attached applications.

Please provide company fax numbers: 1. _____
2. _____

E-Mail Address: _____

What is your preferred method of receiving correspondence?

_____ Email _____ Fax _____ Mail

Company name

Stockholder Signature

Stockholder Signature

Stockholder Signature

Stockholder Signature