



Lease

Return to:
 Lowi Bundschuh
 Fax: (937) 473-5990

| LESSEE / APPLICANT INFORMATION | | | | | |
|---|---|--|---|---|-----------------------------------|
| Legal Business Name/Lessee | | | | Phone | |
| Address (Street, R.R. - no PO Box) | | | | Fax | |
| City | County | State | Zip | Cell Phone/Pager | |
| Type of Business | | | | Contact | |
| Corporation <input type="checkbox"/> C <input type="checkbox"/> S | Partnership <input type="checkbox"/> | Proprietorship <input type="checkbox"/> | Federal Tax ID Number | State of Incorp. | Date Established/Time in Business |
| Equipment Location (if different than above) | | | | Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PRINCIPAL INFORMATION (President, Owner or Partners) | | | | | |
| Name 1 | | | Title | Social Security # | |
| Home Address | | City | State | Zip | Home Phone |
| Name 2 | | | Title | Social Security # | |
| Home Address | | City | State | Zip | Home Phone |
| BANKING INFORMATION | | | | | |
| NAME / BRANCH | CITY/STATE | CHK. ACT. # | PHONE | CONTACT | |
| | | | | | |
| | | | | | |
| TRADES OR FINANCE REFERENCES (Include other Business Leases, Loans & Suppliers) | | | | | |
| NAME | CITY/STATE | ACCT # | PHONE | CONTACT | |
| | | | | | |
| | | | | | |
| | | | | | |
| Landlord/Mortgagor | City/State | Yrs at Location | Phone | Contact | |
| | | | | | |
| VENDOR / EQUIPMENT INFORMATION | | | | | |
| Name | | | Phone | Contact | |
| Address | | City | State | Zip | Fax |
| Equipment To Be Leased - Description | | | | | |
| <input type="checkbox"/> Used <input type="checkbox"/> New | Term (months) | Advance Payments | Buyout Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1 | SalesTax Rate (%) | Total Cost (Without Tax) |
| <p>By signing below, each undersigned individual(s), who is either a principle of the credit applicant listed above or a personal guarantor of its obligations authorizes the release of any credit information for the company and individuals listed above including credit bureau reports, loan, lease, checking, saving and trade accounts to Accord Financial Group and/or its assignees or potential assignees. Such authorization shall extend to obtaining a personal credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as valid as the original. Applicant warrants that the information stated above is true and correct.</p> | | | | | |
| Signature #1: _____ Date _____ Signature #2: _____ Date _____ | | | | | |