



# Application

Return to  
 Doug Longfellow  
 Fax: (937) 473-5990

LESSEE / APPLICANT INFORMATION					
Legal Business Name/Lessee				Phone	
Address (Street, R.R. - no PO Box)				Fax	
City		County		State	Zip
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.
Equipment Location (if different than above)				Date Established/Time in Business	
				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	Term (months)	Advance Payments	Buyout Option	SalesTax Rate (%)	Total Cost (Without Tax)
<input type="checkbox"/> New			<input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1		

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.

Signature #1: \_\_\_\_\_ Date \_\_\_\_\_ Signature #2: \_\_\_\_\_ Date \_\_\_\_\_