

LeaseLinc, LLC

P.O. Box 43302
Birmingham, Alabama 35243
Phone: (205) 977-3881
Fax: (205) 977-3885

Lessee: _____ Proprietor Partnership Corporation Non-Profit

Legal Name of Firm: _____ Fed I.D.# _____

Address: _____ County _____

Phone Number: _____ Years In Business _____ Type of Business _____

Guarantor: _____ Title _____ Social Security No: _____

Home Address: _____ City & State: _____ Phone No: _____

Guarantor: _____ Title _____ Social Security No: _____

Home Address: _____ City & State: _____ Phone No: _____

Equipment Description (New or Used/Costs)

Do you currently own this equipment? Yes No Does the vendor require a down payment and/or progress payments? Yes No

Vendor _____ Contact _____ Phone _____

Term (months) _____ Payment \$ _____ Tax \$ _____ Advance Payment \$ _____

Purchase Option 10% FMV Residual _____ Finance Plan _____

Insurance Agent _____ Phone _____

- Is the business or owner currently involved in a lawsuit? Yes No Does the business or owner have any unpaid taxes? Yes No
- Is the business or owner liable for any amounts via guarantees? Yes No Has the business or owner ever filed for bankruptcy? Yes No
- Does the business or owner have any outstanding judgements? Yes No

<u>REFERENCES</u>	<u>Name</u>	<u>Account #</u>	<u>Contact</u>	<u>Telephone</u>
Bank	_____	_____	_____	_____
Secured	_____	_____	_____	_____
Secured	_____	_____	_____	_____
Trade	_____	_____	_____	_____

I hereby attest that all information included here and on any subsequent attachment is true and accurate. By my signature below, I hereby grant permission for LeaseLinc LLC or its assigns to pull and review any and all credit information for the business and any business owners who have agreed to personally guarantee this transaction for the purpose of obtaining credit or any other legitimate purpose associated with this account. For any bank or trade reference listed, this will serve as your authorization to release credit information regarding my account(s) to LeaseLinc LLC.

Name (Please Print): _____ Signature _____ Date _____

Name (Please Print): _____ Signature _____ Date _____

ECOA NOTICE

Thank you for your application for credit. We will review it carefully and respond promptly. If your Application is denied, you have the right to a written statement of the specific reasons for the denial. To obtain that statement, please contact us writing within 30 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your requests. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant'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 our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 25080

Name:		Business Phone:			
Residence Address:		Residence Phone:			
City, State, & Zip Code:					
Business Name of Applicant/Borrower:					
ASSETS		(omit cents)	LIABILITIES		(omit cents)
Cash on hand & in banks:			Accounts Payable:		
Savings Accounts:			Notes Payable to Banks and Others:		
IRA or Other Retirement Account:			(Describe in Section 2)		
Accounts & Notes Receivable			Installment Account (Car):		
Life Insurance-Cash Surrender Value			Mo. Payments \$_____		
(Complete Section 8)			Installment Account (Other):		
Stocks and Bonds:			Mo. Payments \$_____		
(Describe in Section 3)			Loan on Life Insurance:		
Real Estate:			Mortgages on Real Estate:		
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value:			Unpaid Taxes:		
Other Personal Property:			(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities		
Other Assets:			(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities:		
			Net Worth:		
Total:			Total:		
Section 1. Source of Income			Contingent Liabilities		
Salary:			As Endorser or Co-Maker:		
Net Investment Income:			Legal Claims & Judgments:		
Real Estate Income:			Provision for Federal Income Tax:		
Other Income (Describe below*):			Other Special Debt:		
Description of Other Income in Section 1.					
*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.					
Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in Detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries)

I authorize LeaseLinc,LLC its successors and/or assigns as their names may appear to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	Date:	Social Security Number:
------------	-------	-------------------------

Signature:	Date:	Social Security Number:
------------	-------	-------------------------