

SPRINGS LEASING CORPORATION

Lease Application

1201 Wood Ridge Center Drive Suite 100

Charlotte North Carolina 28217 704-357-3020 Fax # 704-357-6301

Vendor Name			COST	
Vendor Address			Equipment	\$
Sales Person			Delivery	\$
Telephone Number			Installation	\$
Fax Number			Other	\$
LEASE TERM			Total Cost \$	
Months	MONTHLY LEASE PAYMENT	INCEPTION PAYMENT	<input type="checkbox"/> Security Deposit	
Amount	Sales Tax	Including applicable tax	<input type="checkbox"/> Other	

EQUIPMENT TO BE LEASED (Attach separate list if necessary)

Manufacturer and Description

EQUIPMENT LOCATION (Physical address where equipment will be located) Rent / Lease Own

Address	City	County	State	Zip
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LESSEE (Important to list legal corporate name of entity)

Company			Tax ID #		
Billing Address		City	County	State	Zip
Telephone Number	Fax Number	Contact Person	Title	Email Address	
Nature of Business	Type of Business <input type="checkbox"/> Non-Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			Number of Years in Business	
Insurance Agency	Contact	Agency Phone Number	Agency Fax Number		

PERSONAL INFORMATION OF OWNERS, PARTNERS OR GUARANTORS (If more than two, list on another page)

Name	% of Ownership	Title	Social Security Number		
Home Address	City	State	Zip	Home Phone Number	
Name	% of Ownership	Title	Social Security Number		
Home Address	City	State	Zip	Home Phone Number	

COMPANY BANK REFERENCES - TWO YEAR HISTORY (Important to establish any loan history)

Name of Bank	Checking Acct # Loan Acct #	Telephone Number	Contact Officer
Name of Bank	Checking Acct # Loan Acct #	Telephone Number	Contact Officer

TRADE REFERENCES - TWO YEARS HISTORY (Important to establish high credit and payment history)

Name of Supplier	City and State	Telephone Number	Account #
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I/We hereby authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as you deem necessary. My (our) signature(s) authorizes my (our) present and prior bank or depository named on this application to furnish and release the requested information that may be of assistance in rendering a decision on this lease application. I/We stand advised that the security deposit is not refundable unless application is rejected by Lessor.

Signature _____ Company Officer _____ Title _____ Date _____