

INFINITAS FUNDING GROUP, INC.

1911 WYNNEWOOD ROAD, PHILADELPHIA, PA 19151

P: (267) 765-5692 F: (267) 440-0535

WWW.INFINITASFUNDING.COM

EQUIPMENT LEASING APPLICATION

BUSINESS

LEGAL BUSINESS NAME/LESSEE TYPE OF BUSINESS FED. TAX #

ADDRESS (STREET, CITY, STATE, ZIP CODE) COUNTY

WEBSITE EMAIL ADDRESS TELEPHONE FAX AGE OF BUS. UNDER CURRENT OWNERSHIP: YR MO

LOCATION OF EQUIPMENT (STREET, CITY, STATE, ZIP CODE) COUNTY

OWNERSHIP

BUSINESS STRUCTURE (CORP, LLC, ETC.) NET WORTH PENDING LEGAL ACTION FILED AGAINST APPLICANT OR PRINCIPAL?
(IF YES, DESCRIBE ON SEPARATE SHEET & ATTACH)

PRINCIPAL'S NAME TITLE % OWNERSHIP HOME PHONE SOCIAL SECURITY NUMBER

ADDRESS (STREET, CITY, STATE, ZIP CODE) OWN/RENT

PRINCIPAL'S NAME TITLE % OWNERSHIP HOME PHONE SOCIAL SECURITY NUMBER

ADDRESS (STREET, CITY, STATE, ZIP CODE) OWN/RENT

HAS APPLICANT OR PRINCIPAL FILED BANKRUPTCY OR ASSIGNMENT TO CREDITORS IN THE PAST?
(IF YES, DESCRIBE ON SEPARATE SHEET & ATTACH)

BANKS (MUST BE AT LEAST 2 YEARS OLD. IF LESS, PLEASE PROVIDE PREVIOUS BANK REFERENCES.)

BANK CONTACT TELEPHONE

ACCOUNT UNDER NAME OF CHECKING ACCOUNT # AVERAGE BALANCE CURRENT BALANCE

BANK CONTACT TELEPHONE

ACCOUNT UNDER NAME OF CHECKING ACCOUNT # AVERAGE BALANCE CURRENT BALANCE

BANK CONTACT TELEPHONE

ACCOUNT UNDER NAME OF CHECKING ACCOUNT # AVERAGE BALANCE CURRENT BALANCE

TRADES

COMPANY NAME/MAJOR SUPPLIERS ACCOUNT # (NO COD'S) CONTACT PERSON TELEPHONE

1.

2.

3.

EQUIPMENT (IF ADDITIONAL EQUIPMENT, PLEASE CONTINUE REQUIRED INFORMATION ON SEPARATE SHEET & ATTACH)

VENDOR CONTACT TELEPHONE FAX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

EQUIPMENT TO BE LEASED

EQUIPMENT COST W/O TAX TERMS OF LEASE EQUIPMENT AGE DEPOSIT RECEIVED
YR MO

I/WE HEREBY AUTHORIZE YOU TO WHOM THIS APPLICATION IS MADE, OR YOUR AGENTS, TO INVESTIGATE MY/OUR CREDIT WORTHINESS AND WILL PROVIDE FINANCIAL STATEMENTS, TAX RETURNS, ETC., AS YOU DEEM NECESSARY. I/WE AGREE THAT THE SECURITY DEPOSIT IS NOT REFUNDABLE UNLESS THE APPLICATION IS REJECTED BY LESSOR. BY THE EXECUTION OF THE LEASE AGREEMENT, I/WE WARRANT THAT THE INFORMATION SUBMITTED HEREIN IS TRUE AND CORRECT AND HEREBY AUTHORIZE REFERENCES CONTAINED HEREIN TO RELEASE ANY NECESSARY INFORMATION. FURTHER, I/WE WARRANT IT IS UNDERSTOOD THAT THE LESSOR RESERVES THE RIGHT TO REVERSE ANY CREDIT DECISION IF THE INFORMATION CONTAINED HEREIN IS FOUND TO BE INCORRECT. BY SIGNING BELOW, THE UNDERSIGNED INDIVIDUAL AS PRINCIPAL OF AND/OR GUARANTOR FOR THE APPLICANT, AUTHORIZES INFINITAS FUNDING GROUP, INC., ITS DESIGNEE, ASSIGNS OR POTENTIAL ASSIGNS, TO REVIEW HIS/HER PERSONAL CREDIT PROFILE PROVIDED BY NATIONAL CREDIT BUREAUS IN CONSIDERING THIS APPLICATION AND FOR THE PURPOSE OF THE UPDATE, RENEWAL, OR EXTENSION OF CREDIT TO THE APPLICANT OR THE COLLECTION OF ANY RESULTANT ACCOUNTS. A FAX OR PHOTOCOPY OF THIS AUTHORIZATION SHALL BE VALID AS THE ORIGINAL.

SIGNATURE/S _____ DATE _____