

## LEASE APPLICATION

Application Date \_\_\_\_\_

1	EXACT NAME OF COMPANY _____										FED. I.D. No. (if corp.) _____							
	Structure of Company			BUSINESS OPEN HOW LONG?				CONTACT PERSON										
	CORPORATION <small>(Indicate state)</small>		L.L.C. <small>(Indicate state)</small>		HOW LONG BY THIS OWNER?				BUSINESS PHONE ( )									
	PROPRIETORS		PARTNERSHIP		HOW LONG AT THIS ADDRESS?				FAX NO. ( )									
	Business Address: _____										City _____		County _____		State _____		Zip Code _____	
	Business Description: _____										e-mail address _____							
2	Owners/Officers/Partners - Indicate if Jr, Sr, II or III			Title	Own %	Home Address			Zip Code	Home Phone ( )		Social Security #						
										( )								
										( )								
										( )								
3	Business Banking References		Branch		Officer			Phone ( )		Account #		Chkg	Svngs	Loan				
								( )										
								( )										
								( )										
4	Other Leases — Active			Contact		Phone ( )			Account #		Equipment Leased							
						( )												
						( )												
						( )												
5	Trade/Supplier Credit References					City, State			Phone ( )		Contact Name / Account #							
									( )									
									( )									
									( )									
									( )									
									( )		Landlord							
6	Insurance Carrier Providing Coverage			Agent		Phone ( )			Address									
						( )												
7	Location of Equipment:																	
8	Equipment Description:																	
9	Vendor: <b>Mobile Cold</b>			Contact: <b>Rick Rivers</b>					Phone: <b>386-672-0707</b>									
	Address: <b>1042 N Highway US 1, Suite 5, Ormond Beach, FL 32174</b>																	
10	Briefly DESCRIBE and QUANTIFY HOW MUCH the leased item(s) will benefit your company.										Urgency: How soon do you plan to complete this acquisition?							
											<input type="radio"/> Immediately <input type="radio"/> Within 30 days <input type="radio"/> Within 30 - 90 days <input type="radio"/> Undetermined/Just shopping							
11	Remarks:																	
	Price of Equipment: \$ _____					Lease Term: _____					Purchase Option: _____							
	X Rate Factor: _____																	
	= Monthly Payment: \$ _____					+ Monthly Tax: _____ % \$					= Total Monthly Payment \$ _____							

**Fax completed application to 520-628-9949 or scan and email to Credit@Lease-Smart.com**  
**For questions about leasing or this application, call LEASE SMART at 800-532-7303 (800-LEASE-03)**  
 www.Lease-Smart.com "Happiness is..... A Positive Cash Flow™"





CREDIT, BANK AND TRADE REFERENCE
AUTHORIZATION AND RELEASE

Applicant Business Name: \_\_\_\_\_

By signing below, each of the undersigned individuals, who is either a principal of the above-named business credit applicant or a personal guarantor of its obligations represents that all information provided in connection with this Application is true and correct and hereby authorizes LEASE \$MART to obtain from third parties, information it deems necessary to arrive at a decision regarding this Application. To help fight credit fraud, terrorism and money laundering, the information provided may be verified. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes LEASE \$MART, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to LEASE \$MART by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

Additionally, our business, banking and trade references are hereby authorized and instructed to disclose all information requested in connection with this application for credit.

(Each shareholder and guarantor must complete and sign once below.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, ST ZIP: \_\_\_\_\_

Social Security # \_\_\_\_\_ Signature X \_\_\_\_\_ Title: \_\_\_\_\_ Owns: \_\_\_\_\_ %

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, ST ZIP: \_\_\_\_\_

Social Security # \_\_\_\_\_ Signature X \_\_\_\_\_ Title: \_\_\_\_\_ Owns: \_\_\_\_\_ %

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, ST ZIP: \_\_\_\_\_

Social Security # \_\_\_\_\_ Signature X \_\_\_\_\_ Title: \_\_\_\_\_ Owns: \_\_\_\_\_ %

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, ST ZIP: \_\_\_\_\_

Social Security # \_\_\_\_\_ Signature X \_\_\_\_\_ Title: \_\_\_\_\_ Owns: \_\_\_\_\_ %





To expedite the approval process, we request that you **ALSO** fax to us your last 3 months' business bank statements - just the cover page that lists the account name and address, opening balance, activity summary and closing balance. This can save us several days in the processing of your request. (Substitute personal bank statements if your business is less than 3 months old.)

Please FAX all of the following:  
The completed LEASE APPLICATION  
The SIGNED CREDIT RELEASE FORM  
and  
Your bank statements as described above

FAX to us at 520-628-9949. We'll get right on it to have you approved for leasing as quickly as possible.

**Call LEASE \$MART if you have any questions in this regard.**

LEASE \$MART provides a range of financial programs with unequalled customer service and guaranteed best terms to the commercial clients of Mobile Cold

**MOBILE COLD.COM**