

LESSEE INFORMATION		
Legally Registered Name	Trade or DBA Name	Primary Contact
Street Address	City, State, Zip	Federal Tax ID
Type of Business ___ Proprietorship ___ C / S Corporation ___ LLC Other _____	Phone: _____ Ext. _____ Cell: _____	Fax _____ Email: _____
Years in Business (or years practicing if medical field) _____ yr(s) _____ months	Gross Annual Sales	Nature of Business

LESSEE BORROWING/BANKING INFORMATION:				
Primary Bank Name	Business Checking Number	Contact	Phone Ext.	Fax Number
Loan/Lease Reference	Account Number	Contact	Phone Ext.	Fax Number
Trade Supplier Reference	Account Number	Contact	Phone Ext.	Fax Number

PRINCIPAL INFORMATION (If more than two, copy form and complete for each)		
Principal First Name	Last Name	
Street Address	City, State, Zip	SSN#
Principal First Name	Last Name	
Street Address	City, State, Zip	SSN#

VENDOR INFORMATION (Who are you buying the equipment from)			
Vendor Name	Address	City, State, Zip	
Contact/Title	Phone Number	Fax Number	E-mail Address

EQUIPMENT INFORMATION			
<u>Equipment Description</u>	Equipment Cost	___ New ___ Used	What address will Equipment be Located if different from above?
_____	_____		
_____	_____	Year of Equip. (if used)	Leasing Plans of Interest
_____	_____		___ FMV ___ \$100 buyout ___ 10% Buyout _____ Other
Total Cost	_____		Lease Terms of Interest
Lease Trade-In/Down Payment (\$_____)	_____		24, 36, 48, 60 months (circle one)
Net to Lease	_____		

DUE TO THE PASSAGE OF THE "USA PATRIOT ACT" WE ARE REQUIRED TO NOTIFY OUR CUSTOMERS OF THE FOLLOWING: VERIFICATION OF CUSTOMER IDENTITY – Federal laws and regulations require us to request information from you prior to opening an account or adding an additional signatory to an account. The information we request may vary depending on the circumstances, but at a minimum, will include your name, address, an identification number such as your social security or taxpayer identification number, and for individuals, your date of birth. We are also required to verify the information you provide to us. This verification process may require you to provide us with supporting documentation that we deem appropriate. We may also seek to verify the information by other means. We reserve the right to request additional information and/or signatures from you from time to time. In all cases, the protection of our customer's identity and confidentiality is our pledge to you.

The undersigned acknowledge and understand that CoActiv Capital Partners LLC is relying on this information provided herein in deciding to grant or continue credit or accept a guarantee thereof. Each undersigned represents warrants and certifies that the information provided herein is true, correct, and complete and agrees to notify CoActiv Capital Partners LLC immediately of any changes to this information. 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 compliance with this law concerning this creditor is FTC Regional Office for region in which the creditor operates or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

Authorization for Disclosure of Business and Personal Credit Information		
Applicant(s) hereby authorizes the release of business and personal credit information to CoActiv Capital Partners LLC, or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and applicant's bank and trade references. By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to our company, or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. The undersigned hereby represents that all of the information contained in this credit application is true, correct and complete.		
Signature _____	Name _____	Date _____
	(Please Print Name)	
Signature _____	Name _____	Date _____
	(Please Print Name)	

Referred to QuickLease, Powered by CoActive Capital Partners LLC by:

Business Banking Officer: _____ Phone #: _____ Email: _____

Bank State: _____ Branch Number: _____ Banker E Number: _____