



SYNERGY
resources

Equipment Lease Application

Fax completed application to (800) 621-3213 or call (877) 863-6746.

Customer Information				
Business Legal Name		Sales Tax Exempt <i>*If "Yes," exemption certificate must be attached</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
DBA Name (if any)		Federal Tax ID		
Street Address		Mailing Address or PO Box		
City, State Zip Code		Contact name & Title		
Phone ()	Fax ()	Date Business Started	Date Business Incorporated	
Cell ()	email:	Description of Business		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Other:				
Business Checking Account #		Business Loan Type(s), Account #(s)		
Other Banking Information:				
Bank Name	Contact Name	Phone ()	Account #	
Principal Information				
	(1)	(2)	(3)	
Principal Name(s) and Title(s)				
Home Address				
City / State / Zip Code				
% of Ownership				
Social Security Number				
Signature of Principals				
Credit Release				
<p>Each individual signing as principal certifies that the information provided in this application is accurate and complete. Each individual signing as principal authorizes lender or any other lending sources to obtain information from the references listed below and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line, taking collection action on the account and for any other legitimate purpose associated with the account as needed. Each individual signing as principal further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.</p>				
Trade References				
Name of Reference	City / State	Phone No.	Contact	Account No.
Equipment Vendor / Manufacturer Information				
Vendor Name	Address	City, State Zip		
Contact Person	Phone Number	<input type="checkbox"/> New	<input type="checkbox"/> Used	
Equipment Description		Equipment Location (if different than Vendor location)		
Desired Monthly Payment \$	Total Invoice Amount Without Tax \$			
Desired Term	<input type="checkbox"/> 12 mo. <input type="checkbox"/> 24 mo. <input type="checkbox"/> 36 mo. <input type="checkbox"/> 48 mo. <input type="checkbox"/> 60 mo.	End Of Lease Option	<input type="checkbox"/> FMV <input type="checkbox"/> 10% Option <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% PUT	
ECOA Notice (to be retained by applicant[s])				
<p>Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for that denial. To obtain that statement, please contact us within 60 days from the date that you were notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. 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 OCC, Customer Assistance Group, 1301 McKinney St., Ste. 3710, Houston, TX, 77010.</p>				

For bank use only Officer Name _____ Branch Name _____ Phone # () _____
 Officer # _____ Branch # _____ Fax # () _____

