

<b>VENDOR</b>	Vendor Name			Contact Name		
	Address			Phone Number		
	City	State	Zip	Fax Number	Vendor I.D. Number	

<b>CUSTOMER</b>	Business Name			Phone Number with Area Code		
	Billing Address			Type of Business		
	Date Business Started	Business Structure <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Municipal <input type="checkbox"/> Non-Profit		D&B Rating Number		

<b>PRINCIPAL(S)</b>	Owner Name			Owner Name		
	Social Security Number		Title	Social Security Number		Title
	Home Address			Home Address		
	City	State	Zip	City	State	Zip
	Phone Number with Area Code			Phone Number with Area Code		

<b>BANK REFERENCES</b>	Bank Name			Bank Name		
	Branch Address			Branch Address		
	Name of Officer/Contact		Phone Number	Name of Officer/Contact		Phone Number
	Checking Account Number		Date Account Opened	Checking Account Number		Date Account Opened

<b>EQUIPMENT INFORMATION</b>	Quantity	Equipment Make	Model Number	Description (Attach Separate Schedule if Necessary)			
	Equipment Cost	(PLUS)	Installation/Maintenance Cost	(PLUS)	Other Software Cost	(EQUALS)	Total Cost
	+		+		=		
	Term in Months	Rate Factor	Purchase Option: <input type="checkbox"/> FMV <input type="checkbox"/> \$1 <input type="checkbox"/> 10% <input type="checkbox"/> Other _____				
	Equipment Location (if not same as above)		City	State	Zip		

<b>PAYMENT INFORMATION</b>	Number of Lease Payments	Lease Payment	(PLUS)	Sales Tax	(EQUALS)	Total Lease Payment	
			+		=		
			+		=		
	Term of Lease in Months	Payment Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____					
	Security Deposit	(PLUS)	First Period Payment	(PLUS)	Other	(EQUALS)	Total Payment Enclosed
	+		+		=		

You, the "Applicant" (which term includes the business entity as well as the undersigned individual(s)), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. De Lage Landen Financial Services, Inc. and/or its assigns ("Lessor"), or its designees, is authorized to obtain information from others concerning Applicant's credit and trade standing and other relevant information impacting this Application and provide to others information about its transaction and experiences with Applicant. Lessor may obtain credit reports, including consumer credit reports, in connection with the Application, and at Applicant's request, will tell Applicant whether a credit report was obtained and, if so, the name and address of the reporting agency which provided it. Provided credit is granted, Lessor may, without further notice to Applicant, use or request subsequent credit bureau reports (1) to update Lessor's information, (2) in connection with a renewal or extension, and/or (3) in connection with Applicant's request for additional services. Applicant agrees that Lessor may get or share credit information with its agents, assignees, and its designees, regarding the Applicant, Guarantor(s) or Applicant's owners in considering the Applicant's Application. Except as otherwise prohibited by law, Applicant agrees and consents that Lessor may share with affiliates and others all information about Applicant that Lessor has or may obtain for, among other things, the purpose of evaluating credit applications or offering Applicant products or services that Lessor believes may be of interest to Applicant. Applicant represents that it has reviewed this document and the information herein is true, correct and complete.

THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT OUR ECOA COMPLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF THIS ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO 1111 OLD EAGLE SCHOOL ROAD, WAYNE, PA 19087 OR BY CALLING (610) 386-5641. WHEN CONTACTING THE DEPARTMENT, PLEASE BE SURE TO REFERENCE THE APPLICATION NUMBER ON THE NOTIFICATION LETTER. WE WILL PROVIDE YOU WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER WE HAVE RECEIVED YOUR REQUEST.

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 AGENCIES THAT ADMINISTER COMPLIANCE WITH THIS LAW CONCERNING THE LESSOR ARE THE BUREAU OF CONSUMER FINANCIAL PROTECTION, 1700 G STREET NW., WASHINGTON D.C. 20006 AND THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON D.C. 20580.

I HEREBY AUTHORIZE LESSOR OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY LESSOR TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY.

PLEASE CHECK:  I HAVE RECEIVED A COPY OF MY LEASE APPLICATION

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_