


Please fax *signed* application to: 866-201-5668

LESSEE / APPLICANT		 Lease Application 16115 SW 117th Av. A-11 Miami, Florida 33177 Attn: Rob Arone Tel. 305-234-5454	
Legal Name of Business			
Tax ID Number	State of Incorporation		
Billing Address			
City	State	Zip	EQUIPMENT VENDOR
Address of Equipment Location			Vendor Address
City	State	Zip	City State Zip
Telephone	Fax		Vendor Telephone
Contact Name	Contact Email Address		Vendor Contact

EQUIPMENT DESCRIPTION	Price \$	New ____ Used ____
	Price \$	New ____ Used ____
	Price \$	New ____ Used ____

TERMS OF LEASE (Months) Circle one 24 36 48 60 Other ____	Monthly Payment \$ _____	Advance Pmts: _____
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Corporation ____ Partnership ____ Proprietorship ____ Non-Profit ____	Date Established under current ownership ____/____/____
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Primary Bank Name	Bank City, State		
Checking Account #	Bank Contact:		
Savings Account #	Bank Telephone:		
Commercial Loan Account #			
Trade Reference	Contact Name	City, State	Telephone

C.B.R. RELEASE AND NOTICE OF RIGHTS

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Partnership Leasing, its designee, assigns or potential assigns to obtain from third parties information it deems necessary to arrive at a decision regarding the Application. By signing below, the undersigned individual(s), as principle of and/or guarantor for the applicant, authorizes Partnership Leasing, its designee, assigns or potential assigns, to review his/her personal credit file provided by a national credit bureau in considering this Application and for the purposes 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 Partnership Leasing by telephone or fax. A photocopy or facsimile copy of this authorization shall be as valid as the original.

OWNER/PRESIDENT PRINT NAME	OWNERSHIP PERCENTAGE	HOME ADDRESS, CITY, STATE, ZIP & HOME PHONE	SOCIAL SECURITY #
SIGNATURE		DATE	
OFFICER PRINT NAME	OWNERSHIP PERCENTAGE	HOME ADDRESS, CITY, STATE, ZIP & HOME PHONE	SOCIAL SECURITY #
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