

LEASE APPLICATION



CUSTOMER INFORMATION (to be completed by customer)

Legal Business Name _____ Contact _____

Business Address _____

Type of Business: Corporation Partnership Sole Proprietor* Date business started _____

Prior/Related Company Name _____

Telephone _____ Fax _____ DUNS No. _____

*For Sole Proprietor

Owner Name Address Telephone SSN Owner (%)

BANK/TRADE REFERENCES

Bank Name _____ Fax _____

Contact/Telephone _____ Acct. No. _____

Address _____ City/State/Zip _____

Trade References _____ Fax _____

Contact/Telephone _____ Acct. No. _____

Address _____ City/State/Zip _____

EQUIPMENT TO BE LEASED (attach price quotation or other documents specifying equipment configuration)

Reseller Name _____ Contact _____

Address _____ City/State/Zip _____

Telephone _____ Fax _____ E-mail Address _____

Equipment Location _____

Telephone _____ Contact _____

By signing this application, applicant authorizes FreeGate Financial and/or its assigns to obtain and check applicant's credit at any time and from any source.

Applicant's Signature _____ Date _____

When completed, fax to FreeGate Financial Credit Department FAX 800.231.2277

*Please fill out this application with a ballpoint pen