

FirstLease, Inc.

1300 Virginia Drive – Suite 400, Fort Washington, PA 19034

Equipment Lease Application

APPLICANTS NAME

EXACT LEGAL NAME

BUSINESS STRUCTURE

<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CO.	STATE OF INCORPORATION	YEARS IN BUSINESS
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LESSEE INFORMATION

LESSEE (EXACT LEGAL NAME OR D/B/A)			E-MAIL ADDRESS		
STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE NO. ()
TYPE OF BUSINESS		COUNTY	YEAR UNDER CURRENT OWNER	FEDERAL TAX ID NO. (IF ANY)	

OWNERSHIP

PRINCIPAL #1 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO. - -	
STREET ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE NO. ()
PERSONAL ANNUAL GROSS INCOME (Not including spouse)		DO YOU OWN YOUR HOME? YES / NO (CIRCLE ONE) MONTHLY MORTGAGE PAYMENT \$			
PRINCIPAL #2 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO. - -	
STREET ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE NO. ()
PERSONAL ANNUAL GROSS INCOME (Not including spouse)		DO YOU OWN YOUR HOME? YES / NO (CIRCLE ONE) MONTHLY MORTGAGE/RENT (Residence only)			

BANK

BANK NAME	CONTACT NAME	CITY	CURRENT CHECKING BALANCE	TELEPHONE NO. ()
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.	LOAN NO.	

TRADES

COMPANY	CONTACT	TELEPHONE
		()
		()

DESIRED TERMS (Check one)

LEASE TERM IN MONTHS
<input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60
PURCHASE OPTION
<input type="checkbox"/> \$1 <input type="checkbox"/> 10% PUT

I understand this equipment application may be approved based upon my business and personal credit. I authorize First Lease, Inc. or its assignees to check references, bank accounts and credit information.

X

AUTHORIZED SIGNATURE

DATE

ADDITIONAL INFORMATION

If the business has been in operation under present ownership for less than two years, or equipment cost exceeds \$50,000 please provide:

*Financial Statements or Tax Returns on Company for most recent two years and most recent Interim Financial Statement.

Please include an itemized quote or Invoice, if available.

EQUIPMENT DEALER

DEALER NAME PA Live Bait Vending	
CONTACT Steve Raney	PHONE (815) 334-8323
EQUIPMENT COST	
EQUIPMENT TYPE	

Fax completed application or mail to address above:

ATTN: Donald Wampler III

FAX: (215) 283-9870

TEL.: (215) 283-9727 x253