

Laurel Mountain Research Hill County Practice Management

Lease Application

BUSINESS NAME _____

BUSINESS ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

WEB SITE ADDRESS _____ E-MAIL _____

TELEPHONE _____ FAX _____ CONTACT _____

NATURE OF BUSINESS _____ YRS. IN BUSINESS _____

PROP. _____ CORP. _____ PARTNERSHIP _____ STATE _____ COUNTY _____

PRESIDENT/OWNER _____ SS# _____ % OF OWNERSHIP _____

HOME ADDRESS _____

SOCIAL SECURITY # _____ TELEPHONE NUMBER _____

V.P./PARTNER _____ % OF OWNERSHIP _____

HOME ADDRESS _____

SOCIAL SECURITY # _____ TELEPHONE NUMBER _____

BANK _____ BRANCH _____

TELEPHONE _____ ACCOUNT # _____

OFFICER _____ CHECKING _____ LOAN _____ SAVINGS _____

TRADE REFERENCES _____ PHONE # _____

TRADE REFERENCES _____ PHONE # _____

TRADE REFERENCES _____ PHONE # _____

EQUIPMENT VENDOR _____ TELEPHONE _____ CONTACT _____

EQUIPMENT SELLING PRICE _____ EQUIPMENT DESCRIPTION _____

By signing below, the undersigned, which is either a principal of the applicant or a personal guarantor of its obligations, provides written instruction to Springs Financial Services or its assigns authorizing review of his/her personal credit bureau and authorizing applicant's bank and credit references to release credit information on applicant to Springs Financial Services and its assigns. Such authorization shall extend to obtaining a credit file in considering this application for reviewing or collecting the resulting account. A Photostat or Facsimile copy of this authorization shall be valid as the original. By signature I affirm my identity as the individual identified in this application.

SIGNED _____ DATE _____

SIGNED _____ DATE _____