

BUSINESS

Exact Legal Business Name _____ Phone Number _____ Fax Number _____

Billing Address _____ City _____ State _____ Zip Code _____

Equipment Address (if different than billing) _____ City _____ State _____ Zip Code _____

Type of Business _____ Federal ID#: _____

Business Age (in years) _____ Years Owned by Current Owner _____ Annual Sales _____ Number of Employees _____

Primary Contact Name _____ Phone _____ Ext. _____ Fax _____

Title _____ Cell _____ Email _____ Website _____

Business Structure: Proprietorship Corporation LLC Partnership Other

OWNERSHIP

Principal's Name _____ Title _____ SSN _____ Phone _____

Home Address _____ City _____ State _____ Zip Code _____ % Ownership _____

Principal's Name _____ Title _____ SSN _____ Phone _____

Home Address _____ City _____ State _____ Zip Code _____ % Ownership _____

Bank _____ City _____ State _____ Contact Name _____ Phone _____

EQUIPMENT

Equipment Description _____

Term 24 months 36 months 48 months 60 months

Equipment Cost _____

I Agree I hereby authorize Advantage Leasing Corporation or any credit bureau or other investigative agency employed by Advantage Leasing Corporation 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.

Signature/Title: _____ Date _____

Signature/Title: _____ Date _____

Fax Completed Lease Application to: **800-234-8286** Attention: **Sales**

Phone Number: **800-866-5353** Email: **customerservice@specialized.net**

Specialized Products Company, 1100 South Kimball Avenue, Southlake, TX 76092