



Toll Free: 800-385-0065 Fax: 248-280-8527

Business Name: _____

Business Telephone: () _____ Fax: _____ Home Tele: () _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

CHECK ONE: Corporation () Partnership () Proprietorship () Years in Business: _____

Description of Business/Practice: _____ Tax ID#: _____

OWNERS/OFFICERS: (List full legal name, title and current address)

Name: _____ Title: _____ S.S.#: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____ S.S.#: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____ S.S.#: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

BANK REFERENCES:

Bank: _____ Tele.#: _____ Contact: _____

Checking Acct.#: _____ Loan #: _____

E-MAIL ADDRESS

EQUIPMENT TO BE LEASED: Equipment Cost: \$ _____

EQUIPMENT VENDOR: Physical Enterprise, Inc.

Vendor Phone: **866-568-0133**

Applicant warrants all credit and financial information submitted to **Lender** and/or its assignees to be true and accurate and hereby authorizes all banking institutions and credit reporting agencies to release necessary information via telephone, mail, internet or facsimile as requested for purposes of making a credit decision. The undersigned individual specifically authorize **Lender** and/or it assigns to obtain personal credit bureau reports for the making, extension, or renewal of this credit decision or collection of the resulting account.

Signature

Title

Date