

13318 Ferguson Forest Drive ◆ Charlotte, NC 28273
(888) 869-0070 toll free
(704) 688-9570 fax
www.innovativeleasing.com

Contact: Liz Poventud x208

CORPORATE INFORMA	TION:		<b>VENDOR INFORMA</b>	TION:		
COMPANY			VENDOR NAME			
DBA NAME			STREET			
STREET			CITY	STATE	ZIP	
CITY	STAT	ΓE	PHONE			
CONTACT		IP				
EMAIL			SALES REP			
PHONE	FAX					
CORPORATION	PROPRIETO	RSHIP	PARTNERSHIP			
DATE ESTABLISHED TYPE OF BUSINESS			ss	FED TAX ID #		
EQUIPMENT INFORMAT	TION:					
EQUIPMENT COST (excluding sales tax)			TERM	OPTION		
EQUIP. LOCATION (if different from above)				COUNTY	-	
EQUIPMENT DESCRIPTION (mfg./make/model)	N					
BANK REFERENCE:			BUSINESS LEASE OF	R LOAN REFERENCE	S:	
BANK			CREDITOR		- 1	
ACCT. #			ACCT. #			
CONTACT			CONTACT			
PHONE			PHONE			
(if account less than 2 years p		· · · · · · · · · · · · · · · · · · ·	Provide only if requested, nore than one owner please	amount is over \$50,000.00)	erse side)	
NAME	TOTALIAN.	(	NAME	o provide imo om reve	risc side)	
CTREET			CTREET			
CITY		ZIP	<del></del>		ZIP	
TITLE	SS#		TITLE	SS#		
HOME PHONE	% OWNED		HOME PHONE	% OWN	ED	
AUTHORIZATION TO RE	ELEASE INFORM	MATION:				
The undersigned individual(s) or her individual credit history. Capital Corp. and its funding credit references of the undersextend to the applicant's requested applicant's account. By so herein and that their signatures	), who have agreed to y may be a factor in source to obtain, us signed individual(s) est for financing and igning below, the unsert below are their true.	to serve as guaranto evaluation of the c e, review and consi in connection with d to any subsequent ndersigned individual and accurate sign	ors of the payment obligations of credit of the applicant, hereby provider the personal credit report, and the requested financing for the at requirements as renewal or extensial(s) hereby (a) affirm their responsature, (2) provide upon request a shall be valid and may be used as	vides written authorization of to contact banking and ot pplicant. The aforesaid aurision of further credit, collective identity as the individual original signature of the	to Innovative her appropriate thorization shall ection or updating dual(s) identified	
APPLICANTS SIGNATURE APPLICANTS SIGNATURE individually And Not in any other capacity						
	individually And	l Not in any other o	capacity			