



Compliant Paint Booths  
 6 Skyline Drive  
 Terrell, Texas 75160  
 800.609.6408 toll free  
 214.382.2634 direct

Contact: Donnie Montgomery

No Obligation Lease Application

Visit us at [www.compliantpaintbooths.com](http://www.compliantpaintbooths.com)

**LESSEE INFORMATION:**

COMPANY _____	Liz Poventud
DBA NAME _____	Innovative Capital Corp.
STREET _____	888-869-0070 x208 Fax# 704-688-9570
CITY _____ STATE _____	
CONTACT _____ ZIP _____	TYPE OF BUSINESS _____
PHONE _____ FAX _____	FED TAX ID# _____
EMAIL _____	
BUSINESS STRUCTURE	Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP <input type="checkbox"/>
Business Start Date _____	

**EQUIPMENT INFORMATION:**

EQUIPMENT COST <i>(excluding sales tax)</i> _____	TERM _____	OPTION _____
EQUIP. LOCATION <i>(if different from above)</i> _____		COUNTY _____
EQUIPMENT DESCRIPTION <i>(mfg./make/model)</i> _____		

**BANK REFERENCE (Business checking):**      **A BUSINESS LEASE OR LOAN REFERENCE:**

BANK _____	CREDITOR _____
ACCT # _____	ACCT # _____
CONTACT _____	CONTACT _____
PHONE _____	PHONE _____
<i>** (if account less than 2 years please provide previous bank information)</i>	

**BUSINESS OWNER/OFFICERS :**      *(for additional owners please list on the back w/ complete info and sign)*

NAME _____	NAME _____
STREET _____	STREET _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
TITLE _____ SS# _____	TITLE _____ SS# _____
HOME PHONE _____ % OWNED _____	HOME PHONE _____ % OWNED _____

**AUTHORIZATION TO RELEASE INFORMATION:**

The undersigned individual(s), who have agreed to serve as guarantors of the payment obligations of the applicant and who also recognizes that his or her individual credit history may be a factor in evaluation of the credit of the applicant, hereby provides written authorization to Innovative Capital Corp. and its funding source to obtain, use, review and consider the personal credit report, and to contact banking and other appropriate credit references of the undersigned individual(s) in connection with the requested financing for the applicant. The aforesaid authorization shall extend to the applicant's request for financing and to any subsequent requirements as renewal or extension of further credit, collection or updating the applicant's account. By signing below, the undersigned individual(s) hereby (a) affirm their respective identity as the individual(s) identified herein and that their signatures below are their true and accurate signature, (2) provide upon request an original signature of the within authorization and (3) agree that a Photostat or facsimile copy of this authorization shall be valid and may be used as if it were an original.

APPLICANTS SIGNATURE _____, individually And Not in any other capacity	APPLICANTS SIGNATURE _____, individually And Not in any other capacity
---	---

**PLEASE FAX BACK TO (704) 688-9570**