

Finish Pro Spray Booths, LLC Equipment Lease Application

812 Kim Lane, Royse City, TX 75189

Tel: (972) 636-3202 ■ Fax: (972) 635-9088

Contact: Jennifer Gottardi

LESSEE INFORMATION:			
COMPANY _____		Michael Choma	
DBA NAME _____		Innovative Capital Corp.	
STREET _____		888-869-0070 x201 Fax# 732-564-9262	
CITY _____ STATE _____			
CONTACT _____ ZIP _____		TYPE OF BUSINESS _____	
PHONE _____ FAX _____		FED TAX ID# _____	
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 <small>(excluding sales tax)</small> _____		TERM _____	OPTION _____
EQUIP. LOCATION <small>(if different from above)</small> _____		COUNTY _____	
EQUIPMENT DESCRIPTION <small>(mfr./make/model)</small> _____			
TRADE REFERENCE:			
COMPANY _____		CONTACT _____	PHONE _____
COMPANY _____		CONTACT _____	PHONE _____
BANK REFERENCE (Business checking):		LEASE OR LOAN REFERENCE: (provide if your request is over \$50,000)	
BANK _____		CREDITOR _____	
ACCT # _____		ACCT # _____	
CONTACT _____		CONTACT _____	
PHONE _____		PHONE _____	
<small>** (if account less than 2 years please provide previous bank information)</small>			
BUSINESS OWNER/OFFICERS : _____ (state ownership percentages if more than 1 owner)			
NAME _____		NAME _____	
STREET _____		STREET _____	
CITY _____	STATE _____	CITY _____	STATE _____
ZIP _____		ZIP _____	
TITLE _____ SS# _____		TITLE _____ SS# _____	
AUTHORIZATION TO RELEASE INFORMATION:			
<p>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.</p>			
APPLICANTS SIGNATURE _____		APPLICANTS SIGNATURE _____	
, individually		, individually	
And Not in any other capacity		And Not in any other capacity	

Please fax back to 972-635-9088