

# Lease Application

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount: \_\_\_\_\_ (\$1.00 Buyout)

Months: 36, 48 & 60 Term

Equipment: Inventory Management and Point of Sale System

Sales Contact: Rod Helland, ARS Solutions LTD 800-547-7120

Lessee \_\_\_\_\_ DBA Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Corporation ( ) if checked, date incorporated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Partnership ( )

Proprietorship ( )

Date Started \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Type of Business \_\_\_\_\_

## Financial References:

Bank 1 \_\_\_\_\_

Account Number \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Bank 2 \_\_\_\_\_

Account Number \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

## Trade References:

Trade 1 \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Trade 2 \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Trade 3 \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Principal's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Principal's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you or any lender or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a customer credit report that will be on going and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in absence of this continuing consent.

I authorize the above bank and trade references to release credit information to ARS Solutions, LTD. I certify that the above information is correct.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date