

FirstLease, Inc.

185 Commerce Drive, Unit 102 Fort Washington, PA 19034

Equipment Lease Application

APPLICANTS NAME

EXACT LEGAL NAME

BUSINESS STRUCTURE

<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CO.	STATE OF INCORPORATION	YEARS INN BUSINESS
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LESSEE INFORMATION

LESSEE (EXACT LEGAL NAME OR D/B/A)		E-MAIL ADDRESS			
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NO. ()	
TYPE OF BUSINESS	COUNTY	YEARS UNDER CURRENT OWNER	FEDERAL TAX ID NO. (F ANY)		

OWNERSHIP

PRINCIPAL #1 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO. - -	
STREET ADDRESS	CITY	STATE	ZIP	HOME TELEPHONE NO. ()	
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	MONTHLY MORTGAGE/RENT (Residence only)				
PRINCIPAL #2 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO. - -	
STREET ADDRESS	CITY	STATE	ZIP	HOME TELEPHONE NO. ()	
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	MONTHLY MORTGAGE/RENT (Residence only)				

BANK

BANK NAME	CONTACT NAME	CITY	CURRENT CHECKING BALANCE	TELEPHONE NO. ()
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.	LOAN NO.	

TRADES

COMPANY	CONTACT	TELEPHONE
		()
		()

DESIRED TERMS (Check one)

LEASE TERM IN MONTHS

12 24 36 48 60

PURCHASE OPTION

\$1 10%

I understand this equipment application may be approved based upon my business and personal credit. I authorize First Lease, Inc. or its assignees to check references, bank accounts and credit information.

X

AUTHORIZED SIGNATURE

DATE

EQUIPMENT DEALER

DEALER NAME	
ABLE INDUSTRIES, LLC	
CONTACT	PHONE
Rick Callison	(614)252-1050
EQUIPMENT COST	
EQUIPMENT TYPE	

ADDITIONAL INFORMATION

If the business has been in operation under present ownership for less than two years, or equipment cost exceeds \$50,000 please provide:

*Financial Statements or Tax Returns on Company for most recent two years and most recent Interim Financial Statement.

Please include an itemized quote, if available.

Fax completed application or mail to address above:

ATTN: Craig Stiles

FAX: (215) 283-9870

TEL.: (866) 49First (866-493-4778)