



LEASEPROCESS
EQUIPMENT LEASING & FINANCING SOLUTIONS

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Shelley Hancock's Unique Esthetic Equipment

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Application Fax: 720.898.9200

LEASE APPLICATION

COMPANY INFORMATION

Full Legal Company Name				Equipment Quote		
Address				<u>Amount</u>	<u>Term</u>	<u>Payment</u>
City	County	State	Zip	<u>Adv Pmts</u>	<u>Buy-Out</u>	<u>New/Used</u>
Contact Person	Telephone		Fax	Equipment Description		
E-Mail Address	Nature of Business		Corp/Other			
Location of Equipment (if different than above)				Yrs at Location	Est. Equipment Delivery Date	

PERSONAL INFORMATION FOR ALL OWNERS, OFFICERS AND GUARANTORS

Name	Title	Social Security Number		% Ownership
Home Address	City	State	Zip	Home Telephone Number
Name	Title	Social Security Number		% Ownership
Home Address	City	State	Zip	Home Telephone Number
List Other Owners	Title	Social Security Number		% Ownership

Credit Authorization: I/We hereby authorize LeaseProcess, its designee, assigns or potential assigns to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize our references to release all credit information and I/We represent and warrant that the information submitted herein is true, complete and accurate. A facsimile, electronic or other copy of this authorization shall be as valid as the original.

Signature(s) of all owners, officers and/or guarantors X	Date
Signature(s) of all owners, officers and/or guarantors X	Date