

Facial Care
 2265 West 80 St.
 Miami, FL 33016
 Ph: 305.825.2565
 Fax: 305.825.3123



LEASE APPLICATION



John Reno Ext. 232
Toll Free: 800.942.9830
Application Fax: 720.898.9200

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

BANK REFERENCES

Name of Bank	No. of Yrs.	Bus Acct Number(s)	Telephone	Contact
Previous Bank	No. of Yrs.	Bus Acct Number(s)	Telephone	Contact

TRADE REFERENCES

Main Supplier	Products	Account Number	Telephone	Contact
Other Supplier	Products	Account Number	Telephone	Contact

LANDLORD AND INSURANCE INFORMATION

Landlord for Equipment Location	No. of Yrs	City/State	Telephone	Contact
Business Insurance Company	No. of Yrs	Prop Damage & Liab?	Telephone	Contact

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
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