



Lease Application

Contact: Tobin Mercer
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COMPANY			Today's Date:
CUSTOMER / LESSEE NAME (COMPLETE LEGAL NAME)	DBA	CONTACT PERSON	
STREET ADDRESS	CITY, STATE & ZIP	COUNTY	
EMAIL ADDRESS:		OFFICE PHONE	
LOCATION OF EQUIPMENT <input type="checkbox"/> SAME AS ABOVE		CELL PHONE	
NATURE OF BUSINESS / SPECIALTY	YRS. IN BUSINESS	FEDERAL TAX ID NUMBER	FAX NUMBER
<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> PC

OWNERSHIP			
PRINCIPAL #1 FULL NAME	TITLE	DATE OF BIRTH	PROFESSIONAL LIC. NO.
ADDRESS	CITY, STATE & ZIP	SOCIAL SECURITY NO.	
EMAIL ADDRESS:	ARE YOU A U.S. CITIZEN?	HOME / CELL PHONE	
PRINCIPAL #2 FULL NAME	TITLE	DATE OF BIRTH	PROFESSIONAL LIC. NO.
ADDRESS	CITY, STATE & ZIP	SOCIAL SECURITY NO.	
EMAIL ADDRESS:	ARE YOU A U.S. CITIZEN?	HOME / CELL PHONE	

CREDIT INFORMATION			
PRIMARY BANK	CITY	ACCOUNT OFFICER	BANK PHONE
CHECKING ACCT. NO.	SAVINGS ACCT. NO.	LOAN NO.	
SECONDARY BANK	CITY	ACCOUNT OFFICER	BANK PHONE
CHECKING ACCT. NO.	SAVINGS ACCT. NO.	LOAN NO.	

VENDOR		EQUIPMENT		LEASE TERMS	
VENDOR NAME		EQUIPMENT TYPE		LEASE TERM (MONTHS)	
Serdi Corporation				<input type="checkbox"/> 24	<input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60
VENDOR ADDRESS		PURCHASE PRICE		ADVANCE PAYMENT(S)	
VENDOR PHONE	EXTENSION NO.	FREIGHT	OTHER	MONTHLY PYMT.	
NAME OF SALES REP.		TOTAL		BUYOUT	OTHER
				<input type="checkbox"/> \$1	<input type="checkbox"/> 10 %
ADDITIONAL INFORMATION					

IMPORTANT NOTICE ABOUT PRECEDURES FOR OPENING A NEW ACCOUNT:

Popular Leasing complies with Section 326 of the USA Patriot Act. This law mandates we request and verify certain information about you and your company.

I hereby authorize Popular Leasing and its assigns to obtain business, as well as personal information regarding my my credit history via banks, trade references, credit reporting companies and any other extenders of credit in order to determine credit worthiness.

X	
AUTHORIZED SIGNATURE	DATE SIGNED

COMPLETE, SIGN & FAX TO (636) 557-1167