

LESSEE INFORMATION

Full Legal Name: _____ Contact Person: _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____ Fed'l Tax ID: _____

Contact Name: _____ E-mail: _____

Nature of Business: _____ Years in Business: _____

Proprietorship Corporation Partnership Limited Liability Corporation

OWNERS • GUARANTORS • PARTNERS

Principal #1 Name: _____ Title: _____ % Ownership: _____

Home Address: _____ SS#: _____
Street City State Zip

Principal #2 Name: _____ Title: _____ % Ownership: _____

Home Address: _____ SS#: _____
Street City State Zip

BANK INFORMATION

Bank Name: _____ Bank Contact Name: _____

Phone: _____ Checking/Savings Acct. #: _____

Bank Name: _____ Bank Contact Name: _____

Phone: _____ Checking/Savings Acct. #: _____

EQUIPMENT INFORMATION

Equipment Description: _____

Equipment Cost: _____ Term: _____ End of Lease Option (FMV, \$1.00 out) _____

VENDOR INFORMATION (EQUIPMENT SUPPLIER)

Vendor Name: _____ Contact Person: _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____ E-mail: _____

CREDIT RELEASE AUTHORIZATION

By signing below, the undersigned, being either a principal of the applicant or a personal guarantor of its obligations, provides written instruction to 247workspace or its assignee authorizing review of his/her personal credit bureau and authorizing applicant's bank.

Signature: _____ Title: _____

Print Name: _____ Date: _____