



# 1<sup>st</sup> INDEPENDENT LEASING

3800 S.W. Cedar Hills Blvd. • Suite 165 • Beaverton, OR 97005  
(503) 626-3486 • FAX (503) 626-1631

## Lease Application (Business)

NAME OF COMPANY			TIME IN BUSINESS <small>(under same ownership)</small>		BUSINESS PHONE NUMBER ( )
FEDERAL TAX I.D. #			YRS.	MO.	HOME PHONE NUMBER ( )
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> OTHER
ADDRESS WHERE EQUIPMENT WILL BE LOCATED (if different from above)		WHAT DOES BUSINESS DO?			

### OWNERS – PARTNERS – OFFICERS

NAME	TITLE	HOME ADDRESS <small>(Previous address if less than two years at above)</small>	SOCIAL SECURITY NO.
			Ever Bankrupt? _____
			Ever Bankrupt? _____

### BUSINESS BANK – REFERENCES

NAME (Min. 2 Yrs. of Banking Experience)	BRANCH-CITY	HOW LONG	CONTACT NAME	PHONE NUMBER ( )	CHECKING ACCOUNT OR LOAN NO.
				( )	
				( )	

### TRADES – LEASING REFERENCES – Other Business Loans – (NO COD)

NAME	CITY, STATE	PHONE ( )	HIGH CREDIT \$	TYPE*	ACCT. NUMBER OR CONTACT
		( )	\$		
		( )	\$		
		( )	\$		
		( )	\$		
		( )	\$		
		( )	\$		

EQUIPMENT SUPPLIER: \_\_\_\_\_ INS. AGENT \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ VENDOR CONTACT \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

EQUIPMENT TO BE LEASED: \_\_\_\_\_ LEASE AMOUNT \$ \_\_\_\_\_

EQUIPMENT: NEW \_\_\_\_\_ USED \_\_\_\_\_ RECONDITIONED \_\_\_\_\_ DEMO \_\_\_\_\_

TERMS: MONTHS \_\_\_\_\_ PREPAY STRUCTURE \_\_\_\_\_ ESTIMATED PAYMENT \_\_\_\_\_



## EXHIBIT A

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signature below, the undersigned individual, acting with due and proper authority from Applicant, authorizes and grants express permission to 1st Independent Leasing Inc. to communicate with Applicant pertaining to marketing, promotions, specials, advertisements and all other business-related matters and more particularly to send to Applicant unsolicited communications pertaining to the above purposes. The Undersigned acknowledges that the form of communication may be through facsimile by faxing to the following dedicated facsimile number:

\_\_\_\_\_ to the attention of the undersigned Applicant or by electronic mail to the email address of: \_\_\_\_\_.

Please note that you may "opt out" of receiving either or both (at your choice) of faxes or emails by either (a) informing us in writing or (b) replying to an email. Applicant further agrees that this authorization shall remain in full force and effect until revoked by Applicant in the manner aforesaid.

USA Patriot — Customer Identification Notice

### **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to 1st Independent Leasing or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

\_\_\_\_\_  
Date Signature Title