



# Application

Return to  
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 Fax: (937) 473-5990  
 doug@accordlease.com

LESSEE / APPLICANT INFORMATION					
Legal Business Name/Lessee				Phone	
Address (Street, R.R. - no PO Box)			E-mail address		Fax
City	County	State	Zip	Cell Phone/Pager	
Type of Business					Contact
Corporation <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> LLC	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Federal Tax ID Number	State of Incorp.	Date Established/Time in Business
Equipment Location (if different than above)					
PRINCIPAL INFORMATION (President, Owner or Partners)					
Name 1		Title	Ownership %	Social Security #	
Home Address		City	State	Zip	Home Phone
Name 2		Title	Ownership %	Social Security #	
Home Address		City	State	Zip	Home Phone
BANKING INFORMATION					
NAME / BRANCH	CITY/STATE	CHK. ACT. #	PHONE	CONTACT	
TRADES OR FINANCE REFERENCES (Include other Business Leases, Loans & Suppliers)					
NAME	CITY/STATE	ACCT #	PHONE	CONTACT	
Landlord/Mortgagor	City/State	Yrs at Location	Phone	Contact	
VENDOR / EQUIPMENT INFORMATION					
Name			Phone	Contact	
Address			City	State	Zip
Equipment To Be Financed - Description					
<input type="checkbox"/> Used <input type="checkbox"/> New	Term (months)	Advance Payments	Buyout Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1	Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Cost (Without Tax)
				Tax Rate (%)	

All information in this application and all attachments is correct to the best of my knowledge. I authorize verification of employment and all financial and other information submitted with this application, including obtaining a credit report, to act on this application. I authorize making continued inquiries about such information and obtaining a credit report during the term of my lease(s) as necessary to administer my lease(s). As required by law, my identity will be verified. I authorize all past or present creditors to release any and all necessary credit information, and to respond fully to requests for information based on this application when transmitted by electronic or other means. I authorize any lessor making a lease applied for hereby to disclose to you, on a confidential basis, my personal, credit and other information (including without limitation post-closing information regarding the servicing of the lease and any defaults thereunder), whether or not you are a servicer of the lease. The above permissions and authorizations will apply to any creditor to whom this application is submitted. I certify that the lease(s) applied for hereunder are for business, commercial or agricultural purposes and not for personal, family or household purposes. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. A number of federal agencies share enforcement responsibility for this law. Determining which agency to contact depends on the type of creditor you dealt with. Consult the creditor to whom this application is addressed for information on its regulator, or contact The Federal Trade Commission, Consumer Response Center, Washington, D.C. 20580, 1-877-382-4357.

Signature #1: \_\_\_\_\_ Date \_\_\_\_\_ Signature #2: \_\_\_\_\_ Date \_\_\_\_\_