

Security Leasing Company, Inc.

PO Box 4267
 Mooresville, NC 28117
 (704) 663-6900 (704) 663-6920 Fax

EQUIPMENT LEASING APPLICATION

B U S I N E S S	COMPANY LEGAL NAME & DBA IF APPLICABLE				TELEPHONE
	ADDRESS (STREET)	(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	TYPE OF BUSINESS	SIC CODE		AGE OF BUSINESS	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET)	(CITY)	(STATE)	(COUNTY)	(ZIP CODE)

O W N E R S H I P	Business Structure				
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	OWN RENT
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	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	OWN RENT
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	OWN RENT

B A N K S	BANK	OFFICER	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	ORIGINAL BALANCE	CURRENT BALANCE
	BANK	OFFICER	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	ORIGINAL BALANCE	CURRENT BALANCE
	BANK	OFFICER	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	ORIGINAL BALANCE	CURRENT BALANCE

T R A D E S	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

E Q U I P M E N T	VENDOR				CONTACT
	ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	TELEPHONE
	EQUIPMENT TO BE LEASED				
	COST OF EQUIPMENT	TERMS OF LEASE	RATE / MO. PAYMENT	DEPOSIT RECEIVED	

THIS APPLICATION DOES NOT OBLIGATE LESSOR TO ENTER INTO THE LEASE

The undersigned represents that all information provided with this application is true and correct and hereby authorizes Security Leasing Company to obtain from third parties information it deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes SLC, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Signature _____ Print Name _____ Date _____ Signature _____ Print Name _____ Date _____