

EQUIPMENT LEASE APPLICATION

AVALON LEASING, INC.

6025 Gaineswood Dr.
Roswell, GA 30076

Phone: (888) 332-8007
Fax: (888) 332-1660

Web: www.avalonleasing.com
Email: info@avalonleasing.com

LEASING CUSTOMER INFORMATION

LEGAL NAME OF COMPANY		D/B/A (IF APPLICABLE)		PHONE # ()
CONTACT AND TITLE		FAX # ()		
STREET ADDRESS		CITY	STATE	ZIP CODE
SELECT ONE: <input type="checkbox"/> CORPORATION PROPRIETOR		<input type="checkbox"/> PARTNERSHIP NON-PROFIT ORG.		NATURE OF BUSINESS
FEDERAL ID#	YEARS IN BUSINESS	EMAIL ADDRESS:		

LEASE TERMS

LEASE TERMS AND PAYMENT	TERM, MONTHS	COST OF EQUIPMENT \$	PAYMENT \$	OPTION AT END <input type="checkbox"/> fmv <input type="checkbox"/> \$1.00	BUSINESS LOAN? <input type="checkbox"/> Yes No equipment is needed.
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DESCRIBE THE EQUIPMENT, ATTACH QUOTE IF ONE:

PERSONAL INFORMATION ON 20% + SHAREHOLDERS, OFFICERS, PARTNERS, OR GUARANTORS

NAME	TITLE	OWNERSHIP %	SOCIAL SECURITY #
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME	TITLE	OWNERSHIP %	SOCIAL SECURITY #
STREET ADDRESS	CITY	STATE	ZIP CODE

CORPORATE CREDIT INFORMATION

COMPANY BANK	PHONE # ()	ACCT #	BANK OFFICER OR CONTACT
BANK # 2 OR LEASE REFERENCE	PHONE # ()	ACCT #	BANK OFFICER OR CONTACT

VENDOR/DEALER INFORMATION

VENDOR NAME	CONTACT PERSON	PHONE ()	FAX ()
STREET ADDRESS	CITY	STATE	ZIP E-MAIL

ADDITIONAL INFORMATION:

CUSTOMER AUTHORIZATION

BY PROVIDING THE ABOVE INFORMATION, I/WE AUTHORIZE YOU OR YOUR AGENTS TO INVESTIGATE MY/OUR FINANCIAL RESPONSIBILITY AND CREDITWORTHINESS. I/WE AUTHORIZE YOU TO UPDATE MY/OUR CREDIT PROFILE FROM TIME TO TIME IN THE FUTURE AS YOU DEEM APPROPRIATE. WE AUTHORIZE THE RELEASE OF BANK, SUPPLIER, AND PERSONAL CREDIT INFORMATION TO AVALON LEASING, INC. AND/OR THEIR AGENTS. A FACSIMILE OF THIS DOCUMENT SHALL BE DEEMED AS BINDING AS AN ORIGINAL.

SIGN HERE: X _____