



EQUIPMENT LEASE APPLICATION AVALON LEASING, INC.

104 Cornerstone Place
Woodstock, GA 30188

Phone: (770) 790-8444

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

LEASING CUSTOMER INFORMATION

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

LEASE TERMS

LEASE TERMS AND PAYMENT	LEASE TERM, DESIRED	COST OF EQUIPMENT \$	PAYMENT \$	AGREEMENT TYPE <input type="checkbox"/> TRUE LEASE FINANCE AGREEMENT
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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
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ATTACH 3 MONTHS BANK STATEMENTS IF AVAILABLE

VENDOR/DEALER INFORMATION

VENDOR NAME	CONTACT PERSON	PHONE () CELL ()
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 CREDIT-WORTHINESS. I/WE AUTHORIZE YOU TO UPDATE MY/OUR CREDIT PROFIT AS DEEMED APPROPRIATE. WE AUTHORIZE THE RELEASE OF BANK, SUPPLIER, AND PERSONAL CREDIT INFORMATION TO AVALON LEASING, INC AND/OR THEIR AGENTS. THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF APPLICANT'S KNOWLEDGE.

SIGN HERE X _____ DATE X _____