

# Maximum Equipment Leasing, LLC

131 E. Fleming Pike

Hammonton, New Jersey 08037

Tel: (609) 561-0055 Fax: (609) 561-0095

## EQUIPMENT LEASING APPLICATION

<b>B U S I N E S S</b>	EXACT LEGAL NAME OF BUSINESS or FULL LEGAL NAME OF LESSEE			TELEPHONE			
	ADDRESS (STREET)		(CITY & COUNTY)	(STATE)	(ZIP CODE)	BUS. FAX #	
	NATURE OF BUSINESS		Sole Prop <input type="checkbox"/>	Corp <input type="checkbox"/>	LLC <input type="checkbox"/>	AGE OF BUSINESS	STATE OF INC.
	Other <input type="checkbox"/> _____						
LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE)	(ZIP CODE)	FED. TAX NO.		

<b>O W N E R S H I P</b>	Business Structure					
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)		(CITY)	(State)	(ZIP CODE)	OWN <input type="checkbox"/> RENT <input type="checkbox"/>	EMAIL ADDRESS
<b>R E S I D E N T I A L</b>	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS		(CITY)	(STATE)	(ZIP CODE)	OWN <input type="checkbox"/> RENT <input type="checkbox"/>
<b>P A R T N E R</b>	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	OWN <input type="checkbox"/> RENT <input type="checkbox"/>

<b>C H E C K I N G</b>	BANK	BRANCH	FAX	TELEPHONE
	CHECKING ACCT. NO.	ACCOUNT UNDER NAME OF	CONTACT PERSON	
<b>L O A N</b>	BANK	BRANCH	FAX	TELEPHONE
	CHECKING OR SAVINGS ACCT. NO.	ACCOUNT UNDER NAME OF	CONTACT PERSON	
<b>L O A N</b>	BANK LOAN/LEASE REFERENCE	BRANCH	FAX	TELEPHONE
	LOAN/LEASE ACCOUNT NO.	ACCOUNT UNDER NAME OF	CONTACT PERSON	CURRENT BALANCE

<b>T R A D E S</b>	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON
	(No C O D. Accounts please)			

<b>E Q U I P M E N T</b>	VENDOR			CONTACT		
	ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	TELEPHONE
	EQUIPMENT TO BE LEASED					
<b>C O S T</b>	COST OF EQUIPMENT	TERMS OF LEASE	PURCHASE OPTION	DEPOSIT REQUIRED		
	\$	36/48/60 months	\$1.00 / 10% / FMV	1+1		

By signing below, each undersigned individual(s) who is either a principal or personal guarantor of its obligations hereby authorizes the broker and/or its assigns to investigate the references herein listed or statements, national credit bureaus or other data obtained from me or another pertaining to my credit and financial responsibility for approval of this application, update renewal, extension or collection. A photocopy of this authorization shall be as valid as the original.

X \_\_\_\_\_  
SIGNATURE/TITLE

DATE