



LEASE TERM M MONTHS	EQUIPMENT DEALER											
BUSINESS STRUCTURE    PROPRIETORSHIP   CORPORATION   PARTNERSHIP   LIMITED LIABILITY CO.   STATE OF INC.   YEARS IN BUSINESS	DEALER NAME						LEASE TERM IN MONTHS					
BUSINESS STRUCTURE    PROPRIETORSHIP   CORPORATION   PARTNERSHIP   LIMITED LIABILITY CO.   STATE OF INC.   YEARS IN BUSINESS							□ 13	□ 24 [	□ 36	□ 48 [	□ 60	
BUSINESS STRUCTURE  PROPRIETORSHIP CORPORATION PARTNERSHIP LIMITED LIABILITY CO. STATE OF INC. YEARS IN BUSINESS  LESSEE INFORMATION LESSEE (EXACT LEGAL NAME & DENA)  STREET ADDRESS  CITY  STATE  ZIP CODE  PHONE NO.  EMAIL ADDRESS  OWNERSHIP  PRINCIPAL #1 NAME  SOCIAL SECURITY NO.  PHONE NO.  EMAIL ADDRESS  STREET ADDRESS  TITLE  % OF OWNERSHIP  STATE  ZIP CODE  I understand this equipment application may be approved based upon my business and personal credit. I authorize FirstLease, Inc. or its assignees to check references, bank accounts and credit information.	CONTA	CT		PHONE								
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PRINCIPAL #2 NAME TITLE % OF OWNERSHIP	PRINCI	PAL #2 NAME						TITLE			% OF OWNERSHIP	
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$X \mid$	X											

**Authorized Signature** 

PLEASE SEND COMPLETED APPLICATION TO: Shannah Berger

(F): 215-283-9870 (E): shannah@firstleaseonline.com