



Shannah Berger  
 (866) 493-4778, Ext. 252 \* [shannah@firstleaseonline.com](mailto:shannah@firstleaseonline.com)  
 1 Walnut Grove Drive, Suite 300 – Horsham, PA 19044

**EQUIPMENT DEALER**

DEALER NAME	
CONTACT	PHONE
EQUIPMENT TYPE	
EQUIPMENT COST	

LEASE TERM IN MONTHS
<input type="checkbox"/> 13 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60

**BUSINESS STRUCTURE**

<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CO.	STATE OF INC.	YEARS IN BUSINESS
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**LESSEE INFORMATION**

LESSEE (EXACT LEGAL NAME & D/B/A)			WEBSITE ADDRESS		
STREET ADDRESS				CITY	
STATE	ZIP CODE	PHONE NO.	EMAIL ADDRESS		
NATURE OF BUSINESS		YRS UNDER CURRENT OWNER	FEDERAL TAX I.D. NO. (IF APPLICABLE)		

**OWNERSHIP**

PRINCIPAL #1 NAME			TITLE	% OF OWNERSHIP	
SOCIAL SECURITY NO.		PHONE NO.	EMAIL ADDRESS		
STREET ADDRESS			CITY	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.

<b>X</b>	Authorized Signature
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PRINCIPAL #2 NAME			TITLE	% OF OWNERSHIP	
SOCIAL SECURITY NO.		PHONE NO.	EMAIL ADDRESS		
STREET ADDRESS			CITY	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.

<b>X</b>	Authorized Signature
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PLEASE SEND COMPLETED APPLICATION TO:

Shannah Berger  
 (F): 215-283-9870 (E): [shannah@firstleaseonline.com](mailto:shannah@firstleaseonline.com)