



**VLC, Inc.**

*Equipment Leasing & Financing*

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# LEASE APPLICATION

rev 6/2001

## 1. YOUR COMPANY - THE LESSEE IN THIS LEASE TRANSACTION

FULL, LEGAL, COMPANY NAME:				
TRADE NAME IF DIFFERENT FROM ABOVE:				
MAILING ADDRESS:				
CITY:		STATE:		ZIP:
TELEPHONE NUMBER: ( )		FAX NUMBER: ( )		
DELIVERY ADDRESS:				
WEBSITE:		WHAT DOES THE COMPANY DO?:		
DATE ESTABLISHED (UNDER CURRENT OWNERSHIP):			FEDERAL ID#:	
TYPE OF ORGANIZATION: (X) <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP				

## CREDIT HISTORY & REFERENCE - PROVIDE AT LEASE A TWO (2) YEAR COMPANY HISTORY

BANK REFERENCES	CONTACT	PHONE#	CITY/STATE	ACCOUNT#
1.		( )		
2.		( )		
TRADE/FINANCE REFERENCES	CONTACT	PHONE#	CITY/STATE	ACCOUNT#
1.		( )		
2.		( )		
3.		( )		
4.		( )		

## PERSONAL INFORMATION - WHO ARE THE PRINCIPALS AND /OR GUARANTORS OF YOUR COMPANY

NAME:	(1)	(2)
ADDRESS:		
CITY, STATE, ZIP CODE:		
TELEPHONE NUMBER:		
SOCIAL SECURITY NUMBER:		
TITLE:		
% OWNERSHIP OF COMPANY:		

By signing below, the undersigned individual as principal and/or guarantor for the application authorizes VLC and anyone VLC deems appropriate including its assigns or potential assigns to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extenuation of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

**SIGN & DATE HERE** ⇨

## 2. VENDOR INFORMATION - WHAT YOU WANT US TO BUY AND LEASE TO YOUR COMPANY

VENDOR NAME:	SALESPERSON:		
MAILING ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE NUMBER: ( )	FAX NUMBER: ( )		
EQUIPMENT DESCRIPTION:			
EQUIPMENT COST: \$	<input type="checkbox"/> NEW	<input type="checkbox"/> USED	LOCAL SALES TAX %

The signatory here represents that all information it provides is true and correct and hereby authorizes VLC, and/or its successors and or assigns (the Lessor) to obtain any information from any party, including reports from third party credit reporting companies, that the Lessor or a party the Lessor deems appropriate. This authorization constitutes a continuing authorization in consideration for granting this application, enforcing any agreement or contract that may result from this or any application from the undersigned.

**SIGN HERE**

NAME (PRINTED):	TITLE:	DATE:
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