

COMPUTER / IT Lease Application

Business Information	Full Legal Name (Include DBA if Applicable)		Tax Identification #	
	Billing Street Address		Website:	
	City	County	State	Zip Code
	Equipment Location (if different from above) (Street Address/City/County/State/Zip Code)			
Lease Term:	Contact Name and Title		Phone # ()	
	Nature of Business		Years in Business	
	Name (Principal/Partner/Officer) and Title		Social Security #:	
	1. _____		1. _____	
	2. _____		2. _____	
	Principal Home Address:			
<input type="checkbox"/> 12 Months	Principal #1 _____			
<input type="checkbox"/> 24 Months	Principal #2 _____			
<input type="checkbox"/> 36 Months	Equipment and or Software Description:			
<input type="checkbox"/> 48 Months				
<input type="checkbox"/> 60 Months				

- "S" Corporation
- Corporation
- Proprietorship
- Partnership
- LLC
- LLP

Equipment Information	Total Estimated Equipment Cash Price:	# of Advance Payments:	Total Estimated Lease Payment: \$ (without tax)
	Supplier Name(s)	Contact Name(s)	Phone #

Bank Reference	Business Bank Reference Name	Checking/Loan Account #	Phone # ()
	* In Lieu of Bank Reference – please provide last 3 months bank statements – the 1 page Monthly Beginning and Ending Balance		

Trade Reference	Trade Reference Name	Account # / Contact Name	Phone # ()

Credit Information Release By signing and submitting this application, I authorize and request that Quantum Financing and its affiliates and or assigns to investigate my personal and business credit. In addition, I authorize any bank, financial institution, or trade reference listed above to release any requested information regarding my account(s).

X _____
 Signature Title Date

X _____
 Signature Title Date