

BizOne Capital Inc

1770 S Randall Road, #A-145
Geneva, IL 60134

Lease Application

Fax Completed Application to 800.281.3959
Phone: 800.747.7304
www.bizonecapital.com

Vendor (Supplier) Information

Vendor Name		Address		City	ST	Zip
Contact Person	Phone Number	Fax Number	Email			

Equipment/Cost/Terms

Equipment Description (Qty/Mfg/Model)					Equipment Condition ___ New ___ Used	
Equipment Cost (do not include taxes) \$	Lease Term Months	Lease Payment (Do not include taxes) \$	Lease Factor Used	Lease Plan ___ \$1 Buyout ___ FMV ___ 10% PUT ___ Other		

Lessee Information

Company Name (Full legal name including DBA if applicable)				Federal ID Tax Number	
Address		City	County	State	Zip
Equipment Location (if different from above)		City	County	State	Zip
Phone Number	Fax Number	Contact Name/Title		Email	
Nature of Business	Type of Business ___ Corporation ___ Proprietorship ___ Non-Profit Corporation ___ Partnership ___ LLC ___ LLP (Registered in State of _____)				No. Years In business (Current Ownership):

Owner Information (All owners with at least 15% ownership must be listed, use additional sheet if necessary)

Applicant	Title	% Ownership	Own Home ___ Yes ___ No	Social Security Number
Home Address	City	State	Zip	Home Phone Number
Co-Applicant	Title	% Ownership	Own Home ___ Yes ___ No	Social Security Number
Home Address	City	State	Zip	Home Phone Number

Bank References – Two Year History

Bank Name	City/State	Checking Acct # Loan Account #	Phone Number	Contact Officer
Bank Name	City/State	Checking Acct # Loan Account #	Phone Number	Contact Officer

Trade References – Two Year History

Company Name	City/State	Phone Number	Contact
Company Name	City/State	Phone Number	Contact

Additional Lessee Information

1. No. of years Owner/Officer has been in this line of business _____ 2. No. of years in business at current address _____ 3. No. of employees _____ 4. Approximate net worth of business \$ _____ 5. Approximate net profit after tax last year \$ _____ 6. Approximate net profit after tax for the previous year \$ _____	THE FOLLOWING ITEMS WILL HELP EXPEDITE APPROVAL: 1. Completed and Signed application 2. Copies of last 3 months bank statements 3. Interim financials if available FAX COMPLETED APPLICATION TO: 800.281.3959
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Authorization to Release Information

By providing the above information, I/We authorize BizOne Capital, or its agents or assigns, to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as you deem necessary. The undersigned authorizes and instructs any person, consumer reporting agency or banking institution to release any and all information upon request to BizOne Capital, or its agents or assigns. The undersigned further states that all of the above statements are true and complete and are made to obtain credit for business purposes, and not for personal use. An electronic, photocopy or facsimile copy of this authorization with a copied, electronic or facsimiled signature shall be deemed to be binding, valid, genuine and authentic as an original signature document for all purposes.

Applicant Signature X	Date:
Co-Applicant Signature X	Date: