

BizOne Capital, Inc.

1770 S. Randall Road, #A-145
Phone: 800.747.7304

Geneva, IL 60134
Fax: 800.281.3959

Lease Application

VENDOR INFORMATION

Vendor's Name	Contact	Telephone No.	Fax No.#
Street	City	State	Zip

PAYMENT PLAN

Term in Months	Factor Used	Lease Payment \$ (Does not include taxes)	Lease Plan ___ \$1.00 Buyout ___ FMV ___ 10% Buyout ___ Other	Equipment ___ New ___ Used	Security Deposit/Advance Payments \$ (Equal to Two Monthly Payments)
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EQUIPMENT TO BE LEASED (Attach separate list if necessary)

Description (include quantities, make, model, serial numbers or attach equipment list)	Equipment Cost / Lease Amount \$
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LESSEE (Complete legal name of entity. If a corporation, use EXACT registered corporate name.)

Company	DBA	Contact Person / Title		
Billing Address	City	County	State	Zip
Equipment Location Address (if different)	City	County	State	Zip
Telephone Number	Fax Number	Email Address	No. of Years in Business (present ownership)	
Nature of Business	Type of Business ___ Proprietorship ___ Corporation / LLC (State of _____) ___ Partnership / LLP ___ Non-Profit Corp. (State of _____)	Federal Tax ID # (9 Digits)	Dunn & Bradstreet Acct #	

PERSONAL INFORMATION ON PRINCIPALS, OFFICERS, PARTNERS, OR GUARANTORS (All owners with at least 15% ownership must be listed)

Name	Title	% Ownership	Social Security Number	
Home Address	City	State	Zip	Home Phone Number
Name	Title	% Ownership	Social Security Number	
Home Address	City	State	Zip	Home Phone Number

TRADE REFERENCES – TWO YEAR HISTORY

Name of Supplier	City/State	Telephone No.	Contact Person
Name of Supplier	City/State	Telephone No.	Contact Person

COMPANY BANK REFERENCES – TWO YEAR HISTORY

Name of Bank/Branch	City/State	Chk. Acct. #	Telephone No.	Contact Person
		Loan Acct. #		
Name of Bank/Branch	City/State	Chk Acct. #	Telephone No.	Contact Person
		Loan Acct. #		

By providing the above information, I/We authorize BizOne Capital and/or its agents to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as you deem necessary. I/ We authorize you to update my/our credit profile from time to time in the future as you deem appropriate. **NOTE:** For protection against identity theft and fraud, each Principal listed above must personally sign this application authorizing release of credit information.

_____ 1 st Principal's Name (Please Print)	_____ Authorized Signature	_____ Date
_____ 2 nd Principal's Name (Please Print)	_____ Authorized Signature	_____ Date

LB **FAX COMPLETED APPLICATION TO 800-281-3959**

Form B Rev 08/2009