

## Capital Mortgage Group Commercial Equipment Lease Application

Complete Legal Name Of Business			Date			
Physical Address			Business Telephone Number			
Mailing Address, If Different		Years In Business	Tax Payer Identification Number			
Trade Name Or Style, If Any		Type Of Business				
Equipment Location				How Long At This Address?		
<b>Ownership</b> Sole Owner _____ Partnership _____ Corporation _____ Other _____						
<b>Principal Or Officer</b>		<b>Title</b>	<b>Social Security No.</b>	<b>Spouse</b>	<b>Home Address</b>	
<b>Bank/Debt References</b>						
<b>Name and Address</b>		<b>Contact, Telephone</b>		<b>Account Number</b>	<b>Type of Account</b>	
					Loan _____ Checking _____	
					Loan _____ Checking _____	
					Loan _____ Lease _____	
					Loan _____ Lease _____	
<b>Trade References</b>						
<b>Company &amp; Address</b>			<b>Telephone</b>		<b>Contact</b>	
<b>Vendor</b>						
		<b>Address &amp; Telephone</b>			<b>Equipment</b>	
<b>Contact</b>	<b>New or Used?</b>	<b>Cost</b>	<b>Tax</b>	<b>Freight</b>	<b>Installation</b>	<b>Total Cost</b>
<b>Lease Structure: Number of Months</b> _____		<b>Monthly Payment</b> _____		<b>FMV P.O.</b> _____	<b>10% PUT</b> _____	<b>\$1.00 P.O</b> _____
<b>Insurance Information:</b>			<b>Landlord Information:</b>			
Agent _____			Contact _____			
Address _____			Address _____			
Telephone/Fax _____			Telephone/Fax _____			

Lessee hereby authorizes any bank or other lending institution, creditor, trade, or credit association, or trade or credit reporting bureau, or any other person who has knowledge of Lessee's credit or trade history to release such information to Capital Mortgage Group or its assigns or designee(s). A photographic or faxed copy of this authorization shall be as valid as the original. The undersigned agrees to reimburse any actual expenses within ten (10) days of invoice by Lessor as needed to complete the lease transaction.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_