



**LESSEE (Complete legal name of entity. If a corporation, use EXACT registered corporate name.)**

Company		DBA		Fed ID#	
Billing Address		City		County	
		State		Zip	
Nature of Business		Contact Person		Title	
Telephone #	Type of Business:	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Limited Liability Company	No. of yrs. in Business	
Fax #	(check one)	<input type="checkbox"/> Corp.	<input type="checkbox"/> Partnership	(present ownership)	
E-Mail #		<input type="checkbox"/> Non-Profit Corp.			

**PERSONAL INFORMATION ON OFFICERS, PARTNERS OR OTHER OBLIGORS**

Name	Title	% Ownership	Social Security No.
Home Address	City	State	Zip
			Home Phone No.
Name	Title	% Ownership	Social Security No.
Home Address	City	State	Zip
			Home Phone No.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

By providing the above information, I/we authorize you or your agents to investigate my/our financial responsibility and creditworthiness. I/we authorize you to update my/our credit profile from time to time in the future as you deem appropriate.  
**Signature:** \_\_\_\_\_

**This section is to be completed by companies that are less than two years in business or are requesting a lease on equipment valued at over \$50,000.**

**TRADE REFERENCES - TWO YEAR HISTORY**

Name Of Supplier	City/State	Telephone No.	Contact Person
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	Chkg. Acct. #	Telephone No.	Contact Person
		Loan Acct. #		
Name of Bank/Branch	City/State	Chkg. Acct. #	Telephone No.	Contact Person
		Loan Acct. #		
Name of Leasing Company	City/State	Lease. Acct. #	Telephone No.	Contact Person
		Lease Acct. #		

Vendor's Name <b>International Machine Group Inc.</b>	Contact/ Sales Rep.	Telephone # <b>888-652-4464</b>
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**EQUIPMENT TO BE LEASED (Attach separate list if necessary.)**

Description:	Equipment Value \$
	<input type="checkbox"/> New <input type="checkbox"/> Used