

LEASE APPLICATION

MUTOH AMERICA

2507 W. Erie Dr., Tempe, AZ 85282

Lease contact: Lou Piermarini

800-550-2392 Fax: 480-419-8324

BUSINESS INFORMATION

Business Name		Type of Business			
Business Address		City	State	Zip	County
Contact	Title	Email Address	Phone Number	Fax Number	
Business Structure:		State of Incorporation		Date Business Established/Yrs in Business	
C-Corp. <input type="radio"/> S-Corp. <input type="radio"/> Partnership. <input type="radio"/> Proprietorship <input type="radio"/> Non-Profit <input type="radio"/> L.L.C. <input type="radio"/>					
Federal Tax I.D. #	Corp State ID #	Exempt form State Sales/Use Tax? Yes <input type="radio"/> No <input type="radio"/> (If yes, include a copy of exemption certificate)			
Location of Equipment (if different than business address)					

OWNER INFORMATION

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in this application.

Owner's Name/Title	% Ownership	Home Phone Number	Social Security Number
Home Address, City, State, Zip		—————→ SIGNATURE _____	
Owner's Name/Title	% Ownership	Home Phone Number	Social Security Number
Home Address, City, State, Zip		—————→ SIGNATURE _____	

BANK REFERENCES

Bank Name	Checking Account Number	Savings Account Number	Loan Account Number
Branch/City, State	Contact Officer	Phone Number	Fax Number
Bank Name	Checking Account Number	Savings Account Number	Loan Account Number
Branch/City, State	Contact Officer	Phone Number	Fax Number

TRADE SUPPLIER REFERENCES

Company Name	Contact	Phone Number	Fax Number
Company Name	Contact	Phone Number	Fax Number

SECURED DEBT (LEASING) REFERENCES

Company Name	Contact	Phone Number	Fax Number
Company Name	Contact	Phone Number	Fax Number

TRANSACTION SUMMARY

Equipment Cost (exclusive of sales tax)	Term	Payment	Purchase Option
Supplier of Equipment	Contact	Phone Number	New <input type="radio"/> Used <input type="radio"/> If used, yr. of mfg. _____
Equipment Description (Mfg., Model Nmbr., S/N, - Attach Sales Order if Available)			

CREDIT RELEASE AUTHORIZATION

I hereby certify that the information contained in this lease application is true and accurate and I hereby authorize our banks, trade references, and financial institutions the right to release credit information. In states where permissible, I hereby authorize the filing and recording of UCC financing Statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute Lessee's name thereto. A photostat copy of this authorization shall be as valid as the original.

SIGNATURE _____ Title _____ Date _____

