

UniSource Capital

214 Canton Road, Suite I
Cumming, GA 30040
770-205-6830 Fax: 770-205-0831
800-404-6792

Equipment Supplier _____ Store Number _____

Sales Rep _____ Title _____

Sales Rep Cell _____ Office Phone _____

Business Address _____

Email Address _____

Business Legal Name _____

Street Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Email Address _____ Cell _____

Contact Officer _____ Title _____ Person Signing Lease _____ Title _____

Sole Proprietorship Partnership Corporation LLC Other Federal ID# _____

Years in Business Under Current Ownership _____ Equipment Location Same as Business Address? Yes No

Equipment Location (if not same) _____

Nature of Business _____

Owner/Stockholder _____ Percentage of Ownership _____

Home Address _____ DOB _____ SSN _____

City _____ State _____ Zip _____ Phone _____

Owner/Stockholder _____ Percentage of Ownership _____

Home Address _____ DOB _____ SSN _____

City _____ State _____ Zip _____ Phone _____

Owner/Stockholder _____ Percentage of Ownership _____

Home Address _____ DOB _____ SSN _____

City _____ State _____ Zip _____ Phone _____

Equipment Description _____

Brand and Model # _____ Total Cost without tax _____ Lease Term _____

BUSINESS BANK REFERENCES (Include business checking, leases, equipment loans, or other loans)

Reference #1 _____ Acct # _____ Type of Acct _____

Contact _____ Phone _____ Since _____

I hereby authorize UniSource Capital or its assigns to make a complete credit check on our company and the principals to the same as individuals and to relate this information to others as necessary to secure credit approval. I also authorize the above references to release any information that may be requested by UniSource Capital. I certify this statement is true and accurate.

X _____
Signature Title Date