

DYNAMIC LEASE

Corporation

Lease Application

1395 Atwood Avenue, Suite 209E, Johnston, R.I. 02919
Tel. 401-432-7700 Fax 401-432-7701

Vendor (Supplier of Equipment)

Dealer name and address	Phone number ()
	FAX number ()

Lessee (Borrower)

Name and address	Phone number ()
	Fax number ()
	Employer I.D. Number

Equipment

Equipment Description	Unit cost(s)

Lease Terms (For use by Dynamic lease corporation only)

Term: _____ Rate: _____ Purchase Option: _____ Advance Payment(s): _____

Lessee Credit Information

Years in business: _____ Business Activity: _____

Organization type: Corporation Partnership Proprietorship Individual

Principal Officers / Owners names: _____ Social Security number _____

Home address _____ DOB _____ Phone number _____

Name _____ Social Security number _____

Home address _____ DOB _____ Phone number _____

References

Bank _____ Business and/or personal account number _____

Contact _____ Phone number
()

Trade _____ Name (plus city and state) _____ Phone number
()

Trade _____ Name (plus city and state) _____ Phone number
()

Trade _____ Name (plus city and state) _____ Phone number
()

Financial Information:

Summary pages of your three most recent business bank statements

Signatures

I certify that the information stated in this application is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You and your assigns are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you and your assigns to contact my creditors and authorize any creditor so contacted to release to you or your assigns such credit information as you may or they may request. I also authorize you to communicate with me via fax, mail or e-mail.

Applicant's signature _____ Date _____ Co-Applicant's signature _____ Date _____