Atlas
Small Business Finance

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LEASE APPLICATION

TODAY'S DATE: _____ ACCOUNT EXECUTIVE: **Robert Bustillo - Jose J. Nunez Jr.**

COMPLETE LEGAL NAME OF BUSINESS	☐ SOLE PROPRIETOR ☐ LLC ☐ PARTNERSHIP ☐ NON-PROFIT ☐ "S" CORPORATION ☐ "C" CORPORATION

TYPE OF BUSINESS	ANNUAL SALES OF BUSINESS	NUMBER OF YEARS IN BUSINESS	FEDERAL TAX ID NUMBER
	$		

MAILING ADDRESS OF BUSINESS	CITY	STATE	ZIP	COUNTY

WHERE EQUIPMENT WILL BE LOCATED	CITY	STATE	ZIP	COUNTY

PHONE NUMBER	FAX NUMBER	PERSON(S) TO CONTACT

HAS THE BUSINESS OR ANY PRINCIPAL / OWNER EVER DECLARED BANKRUPTCY?
☐ YES ☐ NO IF YES, PLEASE DESCRIBE:

IS THE BUSINESS OR ANY PRINCIPAL / OWNER A PARTY T O ANY LIEN OR LAWSUIT?
☐ YES ☐ NO IF YES, PLEASE DESCRIBE:

PURPOSE OF LEASE/LOAN:

AUTHORIZING OFFICERS / TITLE	% OWNED	SOCIAL SECURITY	DATE OF BIRTH	HOME ADDRESS & PHONE NUMBER
TITLE:				TELEPHONE:
TITLE:				TELEPHONE:

BANK NAME	BUSINESS ACCOUNT #	AVG. BALANCE	CONTACT & PHONE NUMBER
		$	TELEPHONE:

TRADE REFERENCES	ACCOUNT # / TELEPHONE / CONTACT

INSURANCE AGENT	CONTACT / PHONE NUMBER

LANDLORD NAME	CONTACT / PHONE NUMBER

EQUIPMENT TO BE FINANCED

SUPPLIER NAME OJL Forklift & Equipment, Inc. SUPPLIER ADDRESS 3701 NW 62nd Street Miami, FL 33147

SUPPLIER PHONE NUMBER 305-836-4337 SUPPLIER FAX NUMBER 305-693-4073 SUPPLIER CONTACT

TYPE OF EQUIPMENT	APPROXIMATE COST OF EQUIPMENT	AGE OF EQUIPMENT	MODEL YEAR (If Used)
Forklift	$	☐ NEW ☒ USED	
(Please include copy of equipment order, if possible)	LEASE/FINANCE TERM IN MONTHS (Check One) ☐ 12 ☐ 24 ☐ 36 ☐ 48 ☐ 60	RESIDUAL (Check One) ☐ $1.00 ☐ 10% ☐ Fair Market Value	

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 Atlas Small Business Finance ("Atlas SBF") 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 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. Each of the undersigned affirms their identity as the respective individual(s) identified in the application received.

By: _____
Authorizing Officer

_____
Print Name

By: _____
Authorizing Officer

_____
Print Name