

LEASE APPLICATION

TODAY'S DATE: _____

ACCOUNT EXECUTIVE: **Robert Bustillo - Jose J. Nunez Jr.**

COMPLETE LEGAL NAME OF BUSINESS				<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> "S" CORPORATION <input type="checkbox"/> "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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE:			IS THE BUSINESS OR ANY PRINCIPAL / OWNER A PARTY TO ANY LIEN OR LAWSUIT? <input type="checkbox"/> YES <input type="checkbox"/> 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 _____ SUPPLIER CONTACT _____

TYPE OF EQUIPMENT Forklift <small>(Please include copy of equipment order, if possible)</small>	APPROXIMATE COST OF EQUIPMENT \$	AGE OF EQUIPMENT <input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED	MODEL YEAR (if Used)
	LEASE/FINANCE TERM IN MONTHS (Check One) <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	RESIDUAL (Check One) <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% <input type="checkbox"/> 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

By: _____
 Authorizing Officer

 Print Name

 Print Name