EMERALD COAST LEASING

COMPANY INFORMATION

Name | Years in Business

Street Address | Nature of Business

City/County/State/Zip | Phone No. ( ) –

Contact/Title

Equipment Location (if different from above) Street Address/City/County/State/Zip

Principal/Partner/Officer/Guarantor | Social Security No. – –

Home Street Address

City/State/Zip | Phone No. ( ) –

- ☐ Proprietorship
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Not for Profit
- ☐ Corporation
  - State of Inc. _____
  - Date of Inc. _____
- ☐ Limited Liability
- ☐ State or Local Gov't.
- ☐ Federal Tax ID #

EQUIPMENT INFORMATION

Replacement _____
Additional _____

Sales Representative:

End of Term:
- ☐ Direct Loan
- ☐ Conditional Sale Contract
- ☐ $1.00 Option Lease
- ☐ Other _____

Term: | # in Advance

Equipment Cost | Sales Tax | Down Payment/Trade Equity | Documentation Fee | Balance to Finance

Equipment Description (Manufacturer, Model)

1. ☐New ☐Used-Year_____
2. ☐New ☐Used-Year_____
3. ☐New ☐Used-Year_____

BORROWING REFERENCE

Bank/Credit Reference Name | Account/Loan Officer | Phone No. ( ) –

Address (City, State) | Checking/Loan Acct. No.

Bank/Credit Reference Name | Account/Loan Officer | Phone No. ( ) –

Address (City, State) | Checking/Loan Acct. No.

Bank/Credit Reference Name | Account/Loan Officer | Phone No. ( ) –

Address (City, State) | Checking/Loan Acct. No.

LEASE REFERENCE

Lease or Trade References (Name, City, State, Telephone Number, Account Number) | Phone No.

1. ( ) –
2. ( ) –

CREDIT RELEASE

I hereby authorize Emerald Coast Leasing, Inc., and its associates and/or assignees to obtain further information concerning my business, and/or personal credit standing from any credit bureau, the references herein listed, or any other person as may be needed. A faxed copy of this authorization shall be as valid as the original.

X_____ _____

Signature | Date

1556 Cooks Pond Drive, Powder Springs, GA 30127
PH: 1-800-991-1323 FAX: 770-420-8500