



MEDLEASE
 550 Fairway Drive ♦ Deerfield Beach ♦ Florida ♦ 33441
 FAX: 561.575.8163

CREDIT APPLICATION

CUSTOMER INFORMATION

Business Name (Full Legal Name): _____
 Trade Style/DBA: _____
 Phone: _____ Fax: _____ E-mail: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Years in Business: _____
 Fed ID #: _____ Contact: _____

OFFICER/PRINCIPAL OWNER

Officer/Principal Owner:
 Title: _____ SS#: _____
 Complete Home Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone: _____ Email (alternate): _____
 Officer/Principal Owner:
 Title: _____ SS#: _____
 Complete Home Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone: _____ Email (alternate): _____

BANK REFERENCES

Please provide LAST 3 MONTHS bank statements. First page with beginning and ending balance, or average balance.

LEASE STRUCTURE

Lease Type: \$1/\$101 Purchase Option % Purchase Option/10%
 Lease Term, Check One: 24 36 48 60

ADDITIONAL PROGRAMS

Equipment List (or attach quote): _____
 Supplier: _____ Equipment Cost: _____
 Phone: _____ Shipping: _____
 Fax: _____ Sales Tax: _____
 Contact: _____ Total: _____

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 Medlease or its designees (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 and subsequently for the purpose 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. By signing below I/we affirm my/our identity as the respective individuals/s identified in the above applications.

SIGNATURES

DATE: _____ DATE: _____