

# Streamline Financial Services

Internet: [www.streamlinefinancialservices.com](http://www.streamlinefinancialservices.com)

4482 Commerce Dr. Suite 111

Email: [info@streamlinefin.com](mailto:info@streamlinefin.com)

Buford, GA 30024

Local (770) 904-2620 Toll Free (866) 703-0333 Fax (770) 904-2621

## EQUIPMENT LEASING/FINANCE APPLICATION

<b>B U S I N E S S</b>	LEGAL BUSINESS NAME/LESSEE		TELEPHONE		FAX
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY) (ZIP CODE)
	TYPE OF BUSINESS	EMAIL ADDRESS	WEBSITE	AGE OF BUSINESS UNDER CURRENT OWNERSHIP	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE)	(COUNTY) (ZIP CODE)
	HOW DID YOU LEARN ABOUT Streamline Financial Services? REFERRAL <input type="checkbox"/> E-MAIL <input type="checkbox"/> WEBSITE <input type="checkbox"/> OTHER <input type="checkbox"/>				

<b>O W N E R S H I P</b>	BUSINESS STRUCTURE Corporation Partnership Proprietor		NET WORTH	PENDING LEGAL ACTION FILED AGAINST APPLICANT OR PRINCIPAL? (IF YES, DESCRIBE ON SEPARATE SHEET.)		
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	OWN RENT
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	OWN RENT
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	OWN RENT
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.

HAS APPLICANT OR PRINCIPAL FILED BANKRUPTCY OR ASSIGNMENT TO CREDITORS IN THE PAST? (IF YES, DESCRIBE ON SEPARATE SHEET)		Yes	No
--	--	-----	----

BANK ACCOUNTS SHOULD BE AT LEAST TWO YEARS OLD. IF LESS, PLEASE PROVIDE PREVIOUS BANK REFERENCES.

<b>B A N K S</b>	BANK	CONTACT		TELEPHONE	
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	AVERAGE BALANCE		CURRENT BALANCE
	BANK	CONTACT		TELEPHONE	
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	AVERAGE BALANCE		CURRENT BALANCE
	BANK	CONTACT		TELEPHONE	
	ACCOUNT UNDER NAME OF	LOAN ACCT. NO.	ORIGINAL BALANCE		CURRENT BALANCE

<b>T R A D E S</b>	COMPANY NAME-MAJOR SUPPLIERS	ACCOUNT NO. - NO COD'S	TELEPHONE NO.	CONTACT PERSON

<b>E Q U I P M E N T</b>	VENDOR		CONTACT		TELEPHONE
	ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE) FAX
	EQUIPMENT TO BE LEASED				
	COST OF EQUIPMENT W/O TAX \$	TERMS OF LEASE	AGE OF EQUIPMENT		DEPOSIT RECEIVED \$

I/we hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. I/we agree that the advanced amount is not refundable unless the application is rejected by Lessor. By the execution of the lease agreement, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information. Further, I/we warrant it is understood that the Lessor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect. By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Streamline Financial Services, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

**SIGNATURE X** \_\_\_\_\_ **DATE:** \_\_\_\_\_