

# Dick Clark Associates, Inc.

## "The Financing Specialists"

### Equipment Lease Application

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<b>LESSEE (Complete legal name of entity. If a corporation, use EXACT registered corporate name.)</b>			
Company	DBA	Fed ID#	
Billing Address	City	County	State Zip
Nature of Business	Contact Person <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Title	
Telephone # Fax # E-Mail #	Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corp. <input type="checkbox"/> Non-Profit Corp.	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership	No. of yrs. in Business (present ownership)

<b>PERSONAL INFORMATION ON OFFICERS, PARTNERS OR OTHER OBLIGORS</b>			
Name	Title	% Ownership	Social Security No.
Home Address	City	State Zip	Home Phone No.
Name	Title	% Ownership	Social Security No.
Home Address	City	State Zip	Home Phone No.

**ACKNOWLEDGEMENT AND AUTHORIZATION**  
 The undersigned individual(s), recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process. I (we) specifically consent that this information may be transmitted via the internet and waive any right or claim I (we) would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

**Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

<b>TRADE REFERENCES - TWO YEAR HISTORY</b>			
Name Of Supplier	City/State	Telephone No.	Contact Person
Name Of Supplier	City/State	Telephone No.	Contact Person
Name Of Supplier	City/State	Telephone No.	Contact Person

<b>COMPANY BANK REFERENCES - TWO YEAR HISTORY</b>			
Name of Bank/Branch City/State	Chkg. Acct. #	Telephone No.	Contact Person
	Loan Acct. #		
Name of Bank/Branch City/State	Chkg. Acct. #	Telephone No.	Contact Person
	Loan Acct. #		
Name of Leasing Company City/State	Lease. Acct. #	Telephone No.	Contact Person
	Lease. Acct. #		

**This section to be completed if you know who you are purchasing your equipment from and the value of said equipment.**

Vendor's Name	Contact/ Sales Rep.	Telephone #
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<b>PAYMENT PLAN</b>					
Term in Months	Rate Factor Used	Lease Payment \$ (Does not include taxes)	<input type="checkbox"/> FMV <input type="checkbox"/> 10% Security Deposit <input type="checkbox"/> \$1.00 Buyout	<input type="checkbox"/> New Business <input type="checkbox"/> Upgrade/Add-on <input type="checkbox"/> Other	Advance Payment \$

<b>EQUIPMENT TO BE LEASED (Attach separate list if necessary.)</b>	
Description (include make, model & serial #'s and any attachments)	Equipment Value \$
	<input type="checkbox"/> New <input type="checkbox"/> Used