



ANDREW TELLER, Account Executive
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 1300 Virginia Drive, Suite 450, Fort Washington, PA 19034

EQUIPMENT DEALER

DEALER NAME	
SALES REP	PHONE

LEASE TERM IN MONTHS <input type="checkbox"/> 13 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	
EQUIPMENT TYPE	EQUIPMENT COST

FIRSTLEASE FOODSERVICE/HOSPITALITY FACTORS

<u>STRUCTURE</u>	<u>24 MONTHS</u>	<u>36 MONTHS</u>	<u>48 MONTHS</u>	<u>60 MONTHS</u>
2 ADVANCE	.04536	.03170	.02491	.02086
0 ADVANCE	.04610	.03226	.02536	.02120
90 DAY DEFERRED	.04686	.03275	.02573	.02243

BUSINESS STRUCTURE

<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CO.	STATE OF INC.	YEARS IN BUSINESS
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LESSEE INFORMATION

LESSEE (EXACT LEGAL NAME & D/B/A)			WEBSITE ADDRESS		
STREET ADDRESS				CITY	
STATE	ZIP CODE	PHONE NO.	EMAIL ADDRESS		
NATURE OF BUSINESS		YRS UNDER CURRENT OWNER	FEDERAL TAX I.D. NO. (IF APPLICABLE)		

OWNERSHIP

PRINCIPAL #1 NAME			TITLE	% OF OWNERSHIP
SOCIAL SECURITY NO.	PHONE NO.	EMAIL ADDRESS		
STREET ADDRESS		CITY	STATE	ZIP CODE
I understand this equipment application may be approved based upon my business and personal credit. I authorize FirstLease, Inc. or its assignees to check references, bank accounts and credit information.				
X				
Authorized Signature				

PRINCIPAL #2 NAME			TITLE	% OF OWNERSHIP
SOCIAL SECURITY NO.	PHONE NO.	EMAIL ADDRESS		
STREET ADDRESS		CITY	STATE	ZIP CODE
I understand this equipment application may be approved based upon my business and personal credit. I authorize FirstLease, Inc. or its assignees to check references, bank accounts and credit information.				
X				
Authorized Signature				

PLEASE SEND COMPLETED APPLICATION TO:

Fax: 215-283-9870
 Email: andrew@firstleaseonline.com