



APPLICATION FOR EQUIPMENT LEASE FINANCING

BUSINESS	Exact Legal Business Name		Phone	Fax
	Billing Address (Street)		(City)	(State) (Zip)
	Type of Business	Age of Business _____ Years Owned by Current Owners _____	Annual Sales \$ _____	Number of Employees _____
	Primary Contact Name	Title _____	Phone _____	Cell Phone _____ Email _____
OWNERSHIP	Business Structure: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			
	Fed. Tax #: _____ State and Year of Incorporation: _____			
	Principal's Name	Title	% Ownership	Home Phone # Soc. Sec. No.
	Home Address (Street)		(City)	(State) (Zip)
EQUIPMENT	Bank		Location (city/state)	Contact Title
	Equipment Description		Equipment Cost: \$ _____	Vendor: _____ Location: _____ Phone #: _____ Contact: _____
	Term <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months			
	Address where equipment will be located		City	State / Zip / County

I hereby authorize Advantage Leasing Corporation or any credit bureau or other investigative agency employed by Advantage Leasing Corporation to investigate the references herein listed as well as any financial statements or any other data obtained from me or from any other person pertaining to my credit and financial responsibility.

***Each owner/partner must provide ownership information & sign application**

X _____ Signature/Title _____ Date _____

X _____ Signature/Title _____ Date _____

Please fax completed lease application to: (714) 524-5414
Attn: Sales Team

Obrien Systems
2951 Saturn Suite B, Brea, CA 92821
For More Information - Phone (714) 572-5400
Email – info@obriensolutions.com