

EAGLE LEASING

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CREDIT APPLICATION

LESSEE / BORROWER: _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP CODE: _____ YEARS IN BUSINESS: _____

EQUIPMENT LOCATION: _____

TYPE OF BUSINESS: _____ FEDERAL TAX ID # _____

_____ LLC _____ CORPORATION _____ PROPRIETORSHIP _____ PARTNERSHIP

OFFICER NAME: _____ TITLE: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

OFFICER NAME: _____ TITLE: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

BUSINESS BANK: _____ ACCOUNT # _____

CONTACT NAME: _____ TELEPHONE # _____

BUSINESS BANK: _____ ACCOUNT # _____

CONTACT NAME: _____ TELEPHONE # _____

SUPPLIER REFERENCE: _____ CONTACT: _____ TELEPHONE: _____

SUPPLIER REFERENCE: _____ CONTACT: _____ TELEPHONE: _____

VENDOR: _____ TELEPHONE: _____

EQUIPMENT DESCRIPTION: _____

EQUIPMENT COST: _____ TERM: _____ SALES TAX RATE: _____

CREDIT AUTHORIZATION

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 Eagle Leasing II, LLC, or 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 resulting account. A fax or photocopy of this authorization shall be valid as the original.

I acknowledge that I have been informed of any documentation and processing fees.

BY: X _____ BY: X _____

PLEASE FORWARD COPIES OF YOUR LAST 3 MONTHS BANK STATEMENTS WITH THIS APPLICATION (1ST PAGE ONLY)