

COMCO EQUIPMENT LEASING GROUP

10450 LAKE VISTA CIRCLE
BOCA RATON, FL 33498
(561) 939-2450 (800) 657-2275 (561) 939-2453 FAX

EQUIPMENT LEASING APPLICATION

BUSINESS	LEGAL BUSINESS NAME/LESSEE / DBA			PHONE #		
				FAX #		
	BILLING ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NON-PROFIT			AGE of BUSINESS	FED. TAX NO.	
LOCATION OF EQUIPMENT IF DIFFERENT			(CITY)	(STATE)	(ZIP)	
NATURE OF BUSINESS						

OWNERSHIP	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE) (HOME PHONE)
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE) (HOME PHONE)
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE) (HOME PHONE)

BANKS	BANK	BRANCH	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	BANK CONTACT	LOAN ACCOUNT NO.
	BANK	BRANCH	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	BANK CONTACT	LOAN ACCOUNT NO.

TRADES	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

EQUIPMENT	VENDOR			CONTACT
	ADDRESS (STREET)		(CITY)	(STATE) (ZIP CODE) TELEPHONE
	EQUIPMENT TO BE LEASED (ATTACH SEPARATE LIST IF NECESSARY)			
	COST OF EQUIPMENT \$	TERMS OF LEASE	MO. PAYMENT	NEW <input type="checkbox"/> USED <input type="checkbox"/>

PLANNED EQUIPMENT ACQUISITIONS FOR THE NEXT 12 MONTHS INCLUDING APPROXIMATE COST

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 Lessor or its Designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

X _____ DATE _____
 SIGNATURE/TITLE
 NAME _____
 TITLE _____