



7577 Central Park Blvd., Suite 306  
 Mason, OH 45040  
 Phone: 800-679-3119  
 Fax: (513) 229-0340

LESSEE / APPLICANT INFORMATION					
Legal Business Name/Lessee				Phone	
Address (Street, R.R. - no PO Box)				Fax	
City	County	State	Zip	Contact	
Equipment Location (if different than above)			Cell Phone	E-Mail Address	
Type of Business				Date Established/Years Business Owned	
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Federal Tax ID Number	State of Incorporation	Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No
PRINCIPAL INFORMATION (President, Owner or Partners)					
Name			Title	Social Security #	
Home Address		City	State	Zip	Home Phone
Name			Title	Social Security #	
Home Address		City	State	Zip	Home Phone
BANKING INFORMATION					
NAME / BRANCH	CITY/STATE	CHK. ACT. #	LOAN ACT. #	PHONE	CONTACT
TRADES OR FINANCE REFERENCES (Include other Business Leases, Loans & Suppliers)					
NAME	CITY/STATE	ACCT #	PHONE	CONTACT	
VENDOR / EQUIPMENT INFORMATION					
Name			Phone	Contact	
Address		City	State	Zip	Fax
Equipment To Be Leased - Description					
<input type="checkbox"/> Used <input type="checkbox"/> New	Term (months)	Advance Payments	Buyout Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1	Sales Tax Rate (%)	Total Cost (Without Tax)

By signing below, each undersigned individual(s), who is either a principle of the credit applicant listed above or a personal guarantor of its obligations authorizes the release of any credit information for the company and individuals listed above including credit bureau reports, loan, lease, checking, saving and trade accounts to Accord Leasing and/or its assignees or potential assignees. Such authorization shall extend to obtaining a personal credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as valid as the original. Applicant warrants that the information stated above is true and correct.

Signature#1: \_\_\_\_\_ Date \_\_\_\_\_ Signature#2: \_\_\_\_\_ Date \_\_\_\_\_