



1118 Stones River Court
 LaVergne, TN 37086
 888-326-4840, fax: 615-216-8400
www.powderx.com

(Important to list legal name of entity)
 COMPANY NAME _____ TAX I.D./SOCIAL SECURITY NUMBER _____

BILLING ADDRESS _____ CITY _____ COUNTY _____ STATE _____ ZIP _____

TELEPHONE NO. _____ FAX NO. _____ E-MAIL ADDRESS _____ CONTACT PERSON _____ TITLE _____

NATURE OF BUSINESS _____ TYPE OF BUSINESS _____ # OF YEARS IN BUSINESS _____
 Non-profit Proprietorship Partnership Corporation LLC

EQUIPMENT LOCATION _____ (Complete only if different from Lessee's billing address)

SAME _____
 Term of Lease (Circle One) _____ Purchase Option (Circle One) _____
12 24 36 48 60 72 84 **\$1.00 Buyout 10% Buyout**

VENDOR/SUPPLIER COST _____ EQUIPMENT COST _____
 VENDOR NAME _____ CONTACT PERSON & PHONE # _____

EQUIPMENT TO BE LEASED (Attach separate list if necessary) _____ DESCRIPTION / New/Used, Year, Hours, Attachments, etc. _____

COMPANY BANK OR FINANCE REFERENCES - TWO YEAR HISTORY (Important to establish any loan history)

NAME OF BANK/BRANCH	HOW LONG	CHKG. ACCT #	TELEPHONE NUMBER/FAX	CONTACT OFFICER
		LOAN ACCT. #		
NAME OF BANK/BRANCH	HOW LONG	CHKG. ACCT #	TELEPHONE NUMBER/FAX	CONTACT OFFICER
		LOAN ACCT. #		

TRADE/FINANCE REFERENCES - TWO YEAR HISTORY (Important to establish high credit and payment history)

NAME OF SUPPLIER & ACCOUNT #	TELEPHONE NUMBER FAX NUMBER	CONTACT PERSON
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NAME OF SUPPLIER & ACCOUNT #	TELEPHONE NUMBER FAX NUMBER	CONTACT PERSON

I/We hereby authorize and direct, with full release of liability, all above references to furnish Powder-X and it's affiliates full & complete banking and credit experience, including approximated balances in my/our checking and /or savings accounts, and any loan payment history. 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 Powder-X, it's affiliates or its assigns (and any assignee or potential assignee thereof) authorizing review of his/her personal profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and 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 authorizaion shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in this application.

PERSONAL INFORMATION ON OWNER(S)/GUARANTORS

NAME	TITLE	% OWNER	SOCIAL SECURITY NUMBER	SIGNATURE REQUIRED	<i>Date</i>
				X	
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE NUMBER	
NAME	TITLE	% OWNER	SOCIAL SECURITY NUMBER	SIGNATURE REQUIRED	<i>Date</i>
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE NUMBER	

WE LEASE NEW & USED COMMERCIAL/INDUSTRIAL EQUIPMENT