



Please Mail, Fax or E-Mail to:   
 2005 Market St, 14<sup>th</sup> Floor Philadelphia PA 19103  
 Phone:  Fax: 800-540-9504  
 E-mail:

### APPLICANT INFORMATION

<b>Contact Name:</b> <input type="text"/>		<b>E-Mail:</b> <input type="text"/>	
<b>Legal Name of Applicant:</b> <input type="text"/>		<b>Year Business Started:</b> <input type="text"/>	
<b>Cell Phone:</b> <input type="text"/>	<b>Website:</b> <input type="text"/>		
<b>Annual Sales:</b> <input type="text"/>	<b>Number of Employees:</b> <input type="text"/>	<b>Tax I.D. #:</b> <input type="text"/>	
<b>Business Address:</b> <input type="text"/>			
<b>Type of Business (circle one):</b> <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit			
<b>Owner 1:</b> <input type="text"/>	<b>Title/% Owned:</b> <input type="text"/>	<b>SSN #:</b> <input type="text"/>	
<b>Home Address:</b> <input type="text"/>	<b>Date of Birth:</b> <input type="text"/>		
<b>Owner 2:</b> <input type="text"/>	<b>Title/% Owned:</b> <input type="text"/>	<b>SSN #:</b> <input type="text"/>	
<b>Home Address:</b> <input type="text"/>	<b>Date of Birth:</b> <input type="text"/>		

### EQUIPMENT INFORMATION

<b>Equipment Description:</b> <input type="text"/>	<b>Equipment Cost: \$</b> <input type="text"/>		
<b>Term (circle one):</b> <input checked="" type="radio"/> 12 <input type="radio"/> 24 <input type="radio"/> 36 <input type="radio"/> 48 <input type="radio"/> 60	<b>Purchase Option (circle one):</b> <input type="checkbox"/> \$1 <input type="checkbox"/> 10%		<input type="checkbox"/> FMV

### AUTHORIZATION

The undersigned individual(s) is/are either (a) an owner, principal or sole proprietor of the business specified above (the "Applicant"), or (b) a personal guarantor of the Applicant. The undersigned hereby authorizes LEAF and its assigns (together "LEAF") to obtain and review consumer credit reports on the undersigned individual(s), from time to time, as may be needed in LEAF's sole discretion, in the initial credit evaluation and/or any subsequent review, including in connection with subsequent requests for credit or lease services.

Principal, Partner, Proprietor or Guarantor	DATE: <input type="text"/>	Principal, Partner, Proprietor or Guarantor	DATE: <input type="text"/>
x	<input type="text"/>	x	<input type="text"/>

### NC TICE

If your application for business credit is denied, you may be entitled to a written statement of the specific reasons for the denial. To request the statement, please contact LEAF at: One Commerce Square, 2005 Market Street, 14<sup>th</sup> Floor, Philadelphia, PA 19103, Attn: Credit Dept. within 60 days from the date you are notified of LEAF's decision. LEAF will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agencies that administer compliance with this law concerning this creditor are the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington, DC 20006 and the Federal Trade Commission, 600 Pennsylvania Ave. NW, Washington, DC 20580.