



Atlantic Capital Solutions, Inc.
 PO Box 1285, Middleboro, MA 02346
 Phone: (508) 718-5520
 Fax: (508) 718-5521
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Equipment Lease/Finance Application

ATTN: _____

Lessee

Company Name: _____
 DBA: _____ Fed Tax ID: _____
 Address: _____
 City, State & Zip: _____
 Business Phone: _____
 Contact Name: _____ Phone: _____
 E-Mail: _____ Fax: _____
 Business Description: _____
 Time In Business Under Current Ownership: _____
 Type of Business: S-Corp LLC Proprietorship
 Partnership Corporation Non-Profit

Vendor

Company Name: _____
 Address: _____
 City, State & Zip: _____
 Phone: _____ Fax: _____
 Contact: _____

Bank References

Principal Bank: _____
 Account Numbers: _____
 Phone: _____
 Contact: _____

Personal Information on Officers, Partners or Owners

Name: _____ DOB: _____
 Home Address: _____
 City, State & Zip: _____
 Phone: _____
 Social Security #: _____ % Ownership _____
 Signature: → _____
 Print Name: _____
 Date: _____

Name: _____ DOB: _____
 Home Address: _____
 City, State & Zip: _____
 Phone: _____
 Social Security #: _____ % Ownership _____
 Signature: → _____
 Print Name: _____
 Date: _____

By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of the obligations, provided written instruction to Lessor or its designee (and any assignee or potential assignee thereby 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 purpose of update, renewal 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've affirm my/our identity as the respective individuals) identified in the above application.

Trade References (2 Business Credit References)

Company	Contact Name and/or Account #	Phone	Fax

New Equipment to be Leased (Attach equipment schedule if necessary)

Description:	Cost: \$

Terms Requested

Number of Months: _____ Lessee Deposit: \$ _____ Monthly Payment*: \$ _____ Purchase Option: _____
 *Does not include sales tax.

I authorize all deposit, borrowing and trade information to be released to the Lessor. I hereby represent all information is true, correct and complete. A photostatic copy of this authorization shall be valid as the original.

Signature: → _____ Title: _____ Date: _____

(Authorizing Officer Signature)

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 agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580.

Credit Release

By signing below, the undersigned individual, who is either a principal of the credit applicant (designated as “lessee” in the foregoing application) or a personal guarantor of its obligations, provide written instructions to Lender/lessor or potential assignee thereof authorizing review of his/her personal credit profile from national credit bureaus. Such authorization shall extend to obtaining a credit profile in considering the credit application represented by the above proposal and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for the 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 proposal.

Signature: _____ **Name:** _____

D. O. B.: _____ **SS#:** _____

Title: _____

Signature: _____ **Name:** _____

D. O. B.: _____ **SS#:** _____

Title: _____

Signature: _____ **Name:** _____

D. O. B.: _____ **SS#:** _____

Title: _____

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