

Barry Fink



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LESSEE
LEGAL BUSINESS NAME:
ADDRESS:
CITY: STATE: Zip:
PHONE: CONTACT:
TYPE OF BUSINESS: YEARS IN BUSINESS:
PROP. PTSHP CORP. LLC/LLP FEDERAL TAX ID #

OWNER INFORMATION
OFFICER NAME: TITLE:
ADDRESS: SS#:
CITY: STATE: Zip: % of ownership:
CELL PHONE:

OFFICER NAME: TITLE:
ADDRESS: SS#:
CITY: STATE: Zip: % of ownership:
CELL PHONE:

VENDOR INFORMATION
VENDOR: CONTACT: PHONE:
EQUIPMENT:
COST \$ TERM: 36 MONTHS 48 MONTHS 60 MONTHS

BANK BANK SHOULD BE AT LEAST 2 YEARS OLD - IF LESS PLEASE, PROVIDE PREVIOUS BANK REFERENCE
BANK: CONTACT:
ACCOUNT # - BUSINESS CHECKING: PHONE:
OTHER BANKING REFERENCE:

The undersigned individual recognizing that his/her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and us a consumer credit report and financial institution references on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would other wise have under the Fair Credit Reporting Act in the absence on this continuing consent.

Authorized Signature: Printed Name: