



# LEASE CORPORATION OF AMERICA - LEASE APPLICATION

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 (providing that the applicant has the legal 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 concerning this creditor is the Federal Trade Commission, EQUAL CREDIT OPPORTUNITY, Washington, D.C. 20580.

**FAX COMPLETED APPLICATION TO: (801) 991-3006**

<b>EQUIPMENT/COST/TERMS:</b>
TYPE OF PROPOSED EQUIPMENT
EQUIPMENT COST
PROPOSED TERMS (MONTHS)

**VENDOR OF EQUIPMENT ("SUPPLIER") PLEASE PRINT - USE BLACK INK**

Vendor Name The ATM Store	Contact Person	Telephone Number ( 775 ) 351-2867	Fax Number (801) 991-3006
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Vendor Address 10580 N. McCarren Blvd., Suite 115-251	City Reno	State NV	Zip 89503	E-mail
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**APPLICANT COMPANY INFORMATION**

Legal Company Name	DBA	Signer Name & Title (Please print)
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Company Address	City	County	State	Zip
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Telephone Number ( )	Fax Number ( )	E-mail	Business Start Date
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Nature of Business	Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC	FID # (9 digits)	State Organizational ID #
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**PERSONAL INFORMATION OF GUARANTORS**

Name	Title	Social Security Number	Driver's License Number
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Home Address	City	State	Zip	How Long? Own or Rent? ( )	Home Phone Number ( )
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You authorize us to investigate your credit as provided below.	Signature X	Date	Annual Personal Income \$	Date of Birth
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Name	Title	Social Security Number	Driver's License Number
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Home Address	City	State	Zip	How Long? Own or Rent? ( )	Home Phone Number ( )
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You authorize us to investigate your credit as provided below.	Signature X	Date	Annual Personal Income \$	Date of Birth
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**COMPANY BANK REFERENCES - TWO YEAR HISTORY**

Name of Bank/Branch	How Long?	Checking Acct. # Loan Acct. #	Telephone Number ( )	Contact Officer
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**TRADE REFERENCES - TWO YEAR HISTORY**

Name of Supplier	City/State	Telephone Number ( )	Contact Person
Name of Supplier	City/State	Telephone Number ( )	Contact Person
Name of Supplier	City/State	Telephone Number ( )	Contact Person

**INSURANCE INFORMATION**

Insurance Company	Address	City	State	Zip	Telephone Number ( )	Agent
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**APPLICANT FINANCIAL INFORMATION**

- No. of years owner/CEO has been in this line of business: \_\_\_\_\_
- No. of years in business at current address: \_\_\_\_\_
- No. of employees: \_\_\_\_\_
- Approximate net worth of business: \$ \_\_\_\_\_
- Approximate net profit after tax last year: \$ \_\_\_\_\_
- Approximate net profit after tax for the year before last: \$ \_\_\_\_\_

THE FOLLOWING ITEMS WILL HELP EXPEDITE APPROVAL AND ASSURE THE LOWEST POSSIBLE PAYMENT.

- Completed and signed application.
- Most recent financial statements with auditor's cover letter.
- Full personal guarantor information.

**FAX COMPLETED APPLICATION TO: (801) 991-3006**

LCA understands that the applicant is considering asking LCA to purchase the equipment described on the attached lease agreement from the Supplier (please supply information to left) to enter into a lease. I/We hereby request and authorize you, Lease Corporation of America, ("LCA" or the "Lessor") to whom this application is made, or your agents or assigns, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. By the execution of this application, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any requested information. If any of the applicants (i.e. guarantors, lessees) have not signed this application, I/we hereby warrant that I/we have their written authorization for you to investigate their credit. I/we warrant it is understood that Lessor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, and I/we will indemnify Lessor for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended leased equipment if any of the information contained herein turns out to be incorrect, and I/we hereby request any above named entity to consider this to be our written request to release all information requested by Lessor to Lessor. We also hereby acknowledge receipt of a copy of this application. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain a statement, please send a written request to us at 3150 Livernois Road, Suite 300, Troy, MI 48083 within 60 days of when you learn of our decision. We will send you a written statement of our reasons within 30 days of receiving your request for a statement.

Signature: X	Date:
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