

ML Financial Services, Inc.

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APPLICATION FOR LEASE

BUSINESS

Exact Legal Name of Business Entity: _____ Phone: _____

Address (Street): _____ City: _____ State: _____ Zip: _____

County: _____ Fax Number: _____ Website Address: _____

Nature of Business: _____ Number of years in Business: _____ Fed. Tax ID #: _____

BUSINESS STRUCTURES: **Proprietorship** **Partnership** **S-Corp** **C-Corp** **LLC** **LLP**

OWNERSHIP

Principal's Name: _____ Title: _____ % Ownership: _____ Home Ph: _____ SS #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Annual Salary: _____ Est. Net Worth: _____ Email Address: _____

Principal's Name: _____ Title: _____ % Ownership: _____ Home Ph: _____ SS #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Annual Salary: _____ Est. Net Worth: _____ Email Address: _____

BANKS

Bank Name: _____ Phone: _____ Account Number: _____

Account Under Name Of: _____ Date Opened: _____ Contact Name: _____

Bank Name: _____ Phone: _____ Account Number: _____

Account Under Name Of: _____ Date Opened: _____ Contact Name: _____

TRADES

Company Name: _____ Account Number: _____ Ph: _____ Contact: _____

Company Name: _____ Account Number: _____ Ph: _____ Contact: _____

Company Name: _____ Account Number: _____ Ph: _____ Contact: _____

EQUIPMENT

Vendor Name: _____ Address: _____ Phone: _____ Contact: _____

Equipment Description: _____ Expected Delivery Date: _____

Location of Equipment (if other than location above address): _____ County Location of Equipment: _____

Cost of Equipment: _____ Requested Terms: _____ Equip: New Used **Preferred Buyout:** \$1.00 * 10% * FMV

AUTHORIZATION: The undersigned certifies that the above information given for credit purposes is true and correct and authorizes ML Financial Services, Inc. or it's affiliates and credit bureau agency to investigate the references, statements, or other data listed or accompanying this application. The undersigned authorizes all parties contracted to release credit and financial information requested as a part of an investigation. A Photostat or facsimile copy of this authorization shall be valid as original.

Signature: _____ **Date:** _____ **Signature:** _____ **Date:** _____

Print Name and Title: _____ **Print Name and Title:** _____