

Smart Choice Financial

9601 Ashton Rd. Suite N10

Philadelphia, PA 19114

Phone: 1-866-SMART-55 • Fax: 1-215-895-9516

APPLICATION FOR LEASE FINANCING

B U S I N E S S	BUSINESS NAME/LESSEE (Exact Legal Name including DBA)				
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY) (ZIP CODE) 89074
	TYPE OF BUSINESS		NATURE OF BUSINESS/SIC CODE		FED. TAX NO.
	AGE OF BUSINESS		YEARS UNDER CURRENT OWNERSHIP		TELEPHONE FAX
	LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE)	(COUNTY) (ZIP CODE) 89074

O W N E R S H I P	Business Structure				
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO. SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE) (ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT DRIVER'S LIC. NO.
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO. SOC. SEC. NO.
S H I P	HOME ADDRESS (STREET)		(CITY)	(STATE) (ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT DRIVER'S LIC. NO.

B A N K S	BANK		BRANCH		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	ORIGINAL BALANCE		CURRENT BALANCE
	BANK		BRANCH		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	ORIGINAL BALANCE		CURRENT BALANCE
	BANK		BRANCH		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	ORIGINAL BALANCE		CURRENT BALANCE

T R A D E S	COMPANY NAME		ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

E Q U I P M E N T	VENDOR				CONTACT
	ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE) TELEPHONE
	EQUIPMENT TO BE LEASED				
	COST OF EQUIPMENT		TERMS OF LEASE	RATE / MO. PAYMENT /	DEPOSIT RECEIVED

I hereby authorize InSource Capital Services, Inc. or any credit bureau or other investigative agency employed by InSource Capital Services, Inc. to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

X _____ DATE _____
 SIGNATURE/TITLE