



PLEASE FAX COMPLETED APPLICATION TO:

VENDOR NAME / NUMBER					CONTACT NAME & TITLE				TEL NUMBER		FAX NUMBER	
CUSTOMED INFORMATION												
CUSTOMER INFORMATION CUSTOMER'S FULL LEGAL NAME – INCLUDE TRADE NAME EMAIL ADDRESS EMAIL ADDRESS												
COSTONER STOLE ELGAL IVANIE INCLUDE I NADE IVANIE				LIVA			IVIAIL ADI	IL ADDICESS				
				Cont			CONTACT I	ACT NAME & TITLE				
CUSTOMER'S ADDR	ESS (HEAD OFFICE)											
PHONE NUMBER CELL NUMBER		l	FAX NUMBER		YEARS IN TYPE OF		YPE OF B	BUSINESS / SIC				
					Business							
PROPOSED TRANSACTION DETAILS												
GENERAL EQUIPMENT DESCRIPTION:								For Office Use Only:				
EQUIPMENT DESCRIPTION:									INVOICE COST:			
								LESS TRADE-IN:				
									PLUS B/O OR T/U:			
EQUIPMENT EQUIPMENT COST* TERM TO P/O			TERM TO P/O - E	EOL REGULAR RENTAL		Down Payment			RESIDUAL		TRADE-UP OR BUYOUT#	
NEW												
* FOR AMOUNTS	> \$75,000, PLEA	ASE PROVIDE TH	I IE LAST 2 YEARS' AI	JDITED F	INANCIAL STATEMENTS.	<u> </u>					<u> </u>	
INFORMATION ON PRINCIPAL SHAREHOLDERS												
(1) LAST NAME / FIRST NAME / INITIAL						% Ѕнаг			S. I. N. (OPTIONAL)		DATE OF BIRTH (MM/DD/YYYY)	
HOME STREET ADDRESS / SUITE # / CITY / PROVINCE / POSTAL CODE						MONTHLY INCOME		TELEF	TELEPHONE NUMBER N		OBILE NUMBER	
HOME OWNER HOME MARKET VALUE MORTGAGE BALANCE				BANK NAME		\ <u>\</u>			CF		EDIT LIMIT	
YES NO				1"								
BANK ADDRESS				ACCOUNT NUMBER		BANK ACCOUNT MANAGER		TE		LEPHONE NUMBER		
(2) LAST NAME / FIRST NAME / INITIAL							% Shares		S. I. N. (OPTIONAL)		ATE OF BIRTH (MM/DD/YYYY)	
HOME STREET ADDRESS / SUITE # / CITY / PROVINCE / POSTAL CODE						MONTHLY INCOME		TELE	TELEPHONE NUMBER		OBILE NUMBER	
HOME OWNER HOME MARKET VALUE MORTGAGE BALANCE BANK NAME YES NO					Name	E				CREDIT LIMIT		
BANK ADDRESS				Accou	INT NUMBER	BANK ACCOUNT MANAGER			TE		LEPHONE NUMBER	
						I				.4		