

BUSINESS LEASE APPLICATION



BUSINESS INFORMATION		FULL LEGAL NAME (Include DBA if applicable)			TELEPHONE		FACSIMILE		
BILLING STREET ADDRESS				CITY		COUNTY		STATE	ZIP
EQUIPMENT LOCATION (If different from above) STREET ADDRESS				CITY		COUNTY		STATE	ZIP
<input type="checkbox"/> Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation		<input type="checkbox"/> LLC		<input type="checkbox"/> LLP	
					TAX ID# (Corporations Only)				
YEARS IN BUSINESS		YEARS IN INDUSTRY		BUSINESS DESCRIPTION			SALES LAST YEAR \$	PROJ. NEXT YEAR \$	EQUITY
DOWNPAYMENT AVAILABLE \$			ADDITIONAL COLLATERAL			LANDLORD/MORTGAGOR NAME		TELEPHONE	
PERSON SIGNING LEASE			TITLE		EMAIL ADDRESS			MOBILE #	
HOW DID YOU LEARN ABOUT MMF?									
WHICH PROMOTIONAL LEASE PROGRAM ARE YOU APPLYING FOR?									

OWNER INFORMATION				NAME (Principal/Partner/Officer)			SOCIAL SECURITY NO.		HOME TELEPHONE	
HOME STREET ADDRESS				CITY			STATE		ZIP	
OWNS HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		VALUE \$	MORTGAGE \$	W-2 LAST YEAR \$	CONTINUE EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		SPOUSE W-2 \$	% OF BUSINESS OWNED		
CO-APPLICANT				SOCIAL SECURITY NO.			HOME TELEPHONE			
HOME STREET ADDRESS				CITY			STATE		ZIP	
OWNS HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		VALUE \$	MORTGAGE \$	W-2 LAST YEAR \$	CONTINUE EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		SPOUSE W-2 \$	% OF BUSINESS OWNED		

EQUIPMENT TO BE LEASED		TOTAL ESTIMATED EQUIPMENT COST \$			EQUIPMENT DESCRIPTION (Mfr/Model)			TERM (# of Months)	
SUPPLIER NAME				SUPPLIER SALESPERSON			TELEPHONE		

BANK REFERENCES				BUSINESS DEPOSITORY			CITY/STATE		TELEPHONE	
CHECKING ACCOUNT #				BALANCE \$		CONTACT NAME			SINCE	
BUSINESS LOAN/LEASE				CITY/STATE			TELEPHONE			
LOAN/LEASE#				BALANCE \$		CONTACT NAME			SINCE	
BUSINESS LOAN/LEASE				CITY/STATE			TELEPHONE			
LOAN/LEASE#				BALANCE \$		CONTACT NAME			SINCE	

TRADE REFERENCES		NAME	CITY/STATE		ACCT #	TELEPHONE		CONTACT NAME	
1.									
2.									
3.									
4.									

The applicant(s) certifies that all information contained in this application, and all attachments hereto, are true and complete to the best of the applicant(s) knowledge, and are made for the purpose of obtaining credit for business purposes, and not for personal or family use. The applicant(s) hereby authorize Medical & Municipal Funding and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now, from time to time, and at any time in the future, as may be needed in the credit evaluation and review process and waives any right or claim the applicant(s) would otherwise have under the Fair Credit Reporting Act in absence of this continuing consent. The applicant(s) further authorize any bank, financial institution or trade reference to release credit information on the applicant(s) account(s) to Medical & Municipal Funding and/or its assigns. An electronic, photocopy or facsimile copy of this authorization with a copied, electronic or facsimiled signature shall be deemed to be binding, valid, genuine and authentic as an original-signature document for all purposes. A non-refundable documentation fee will be required for the preparation and distribution of lease documents.

SIGNATURE		<input checked="" type="checkbox"/> APPLICANT		DATE		<input checked="" type="checkbox"/> CO-APPLICANT		DATE	
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FOR OFFICE USE ONLY										
EQUIPMENT COST			DP VENDOR		DP MMF		FINANCED AMOUNT		NUMBER OF ADVANCE PAYMENTS	
TERM		RT	MONTHLY PAYMENT			FILING FEE		TAX EXEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO		
END OF LEASE OPTIONS		FMV	FIXED %		FIXED \$	TRADE SHOW/MAG		OTHER		