

BUSINESS LEASE APPLICATION



Please return application to:
 11508 Providence Road, Suite H-243 • Charlotte, NC 28277
 Phone: 800-680-0560 • Fax: 800-680-0560
 jvonder@providenceccn.com • www.mmfleasing.com

Attention:
John Vonder

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)								
PROFESSION/BUSINESS DESCRIPTION		YEARS IN PRACTICE	YEARS IN INDUSTRY	SALES LAST YEAR	LICENSE #	DATE ISSUED/EXPIRES	STATE LICENSED IN					
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 PHONE		% OF PRACTICE OWNED	W-2 LAST YEAR \$		
HOME STREET ADDRESS				CITY			STATE		ZIP			
OWNS HOME?		<input type="checkbox"/> YES <input type="checkbox"/> NO		VALUE \$	MORTGAGE BALANCE \$							
CO-APPLICANT				SOCIAL SECURITY NO.		HOME PHONE		% OF PRACTICE OWNED	W-2 LAST YEAR \$			
HOME STREET ADDRESS				CITY			STATE		ZIP			
OWNS HOME?		<input type="checkbox"/> YES <input type="checkbox"/> NO		VALUE \$	MORTGAGE BALANCE \$							
FINANCING NEED		REQUESTED AMOUNT \$	DOWN PAYMENT AVAILABLE \$	FINANCING DESCRIPTION (equipment [type], leasehold improvements, consolidation, practice equity)				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				
TRADE REFERENCES		NAME			CITY/STATE		ACCT #		TELEPHONE		CONTACT NAME	
1.												
2.												
<p>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 MMF 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 MMF 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.</p>												
SIGNATURE		<input checked="" type="checkbox"/> APPLICANT			DATE			<input checked="" type="checkbox"/> CO-APPLICANT			DATE	
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		