

COMMERCIAL EQUIPMENT LEASE APPLICATION

BUSINESS Information:

LEGAL NAME OF LESSEE		DBA (IF ANY)		PHONE	
ADDRESS (STREET)		(CITY)	(COUNTY)	(STATE)	(ZIP)
LOCATION OF EQUIPMENT (STREET)		(CITY)	(COUNTY)	(STATE)	(ZIP)
TYPE OF BUSINESS	AGE OF BUSINESS	# OF EMPLOYEES	FED'L TAX I.D. #		
(CIRCLE) LANDLORD MORTGAGEE			(CIRCLE) PROPRIETORSHIP PARTNERSHIP CORPORATION		
LANDLORD / MORTGAGEE		ADDRESS		PHONE	

OWNERSHIP Information:

PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE	SOC. SEC. #
HOME ADDRESS		(CITY)	(STATE)	(ZIP)	Credit Score How Long at Address? Bankruptcy or Liens: Explain
PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE	SOC. SEC. #
HOME ADDRESS		(CITY)	(STATE)	(ZIP)	Credit Score How Long at Address? Bankruptcy or Liens: Explain

BANK Information:

BANK NAME	ADDRESS			(CITY)	(STATE)	(ZIP)	CONTACT
ACCOUNT NAME	ACCOUNT #	Average Approx. Balance			PHONE		

TRADE Information:

COMPANY NAME	ADDRESS			(CITY)	(STATE)	(ZIP)	CONTACT	PHONE
COMPANY NAME	ADDRESS			(CITY)	(STATE)	(ZIP)	CONTACT	PHONE
COMPANY NAME	ADDRESS			(CITY)	(STATE)	(ZIP)	CONTACT	PHONE

PURCHASED From: Dealer _____ Private Seller _____ (check one)

COMPANY NAME	CONTACT	FAX	PHONE
ADDRESS		(CITY)	(STATE) (ZIP) FED'L I.D. #

* must pay 10% of original purchase price upon termination of lease

EQUIPMENT Information: Circle: \$ Buyout FMV 10% PUT* Circle: New Used (10 years or less)

QUANTITY	EQUIPMENT DESCRIPTION (Type, Make, Model, Year, Serial #):	COST OF EQUIPMENT	CIRCLE DESIRED # OF MONTHS OF LEASE
			12 24 36 48 60
			12 24 36 48 60

The undersigned hereby authorizes any bank or other lending institution, creditor, trade, or credit association, or trade or credit reporting bureau, or any other person who has knowledge of Lessee's credit or trade history to release such information to BRT Financial, Inc. or its assigns or designee(s). A photographic or faxed copy of this authorization shall be as valid as the original.

Signed: _____

Title: _____

Name: _____

Date: _____