

LEASEHAMPTON EQUIPMENT SERVICES CORP.

4175 VETERANS MEMORIAL HWY.
RONKONKOMA, NY 11779
PHONE (631) 981-0844 FAX (631) 981-0940
leasehampton@optonline.net

NAME AND ADDRESS OF BORROWER:

EQUIPMENT VENDOR:

VENDOR INFORMATION:

TYPE OF CO. _____
OFFICE PHONE: _____
OFFICE FAX: _____
CONTACT: _____
CELL PHONE: _____

CONTACT: _____
PHONE: _____
FAX: _____
CELL: _____

EMAIL: _____

DATE INC. _____
YEARS IN _____
BUSINESS: _____

FED TAX ID #: _____

PRINCIPAL #1 _____
(OWNER) _____
ADDRESS _____

SS#: _____
HOME #: _____
CELL #: _____

PRINCIPAL #2 _____
(OWNER) _____
ADDRESS _____

SS#: _____
HOME: _____
CELL #: _____

PRINCIPAL #3: _____

SS#: _____
HOME#: _____
CELL: _____

BUSINESS _____
CHECKING _____
ACCOUNT # _____
REFERENCES: _____

CONTACT _____
PHONE: _____

1.	CONTACT:	TEL	FAX.
2.	CONTACT:	TEL	FAX.
3.	CONTACT:	TEL	FAX.

EQUIPMENT:

EQUIPMENT LOCATION: (IF DIFFERENT)

**FACTOR
OPTION**

The undersigned (1) authorizes LEASEHAMPTON EQUIPMENT SERVICES CORP. its heirs & assigns to obtain a personal report on all principals & guarantors for credit purposes & (2) authorizes the release to LEASEHAMPTON EQUIPMENT SERVICE CORP. of all credit information it may request including business & personal banking , mortgage, landlord, trade & lease information.

TOTAL: \$
DOWN PMT: \$
FINANCE: \$
TERM: MONTHS

ADVANCES _

Signature **X** _____ Title: _____ Date _____