



# Lease/Finance Application

# FREESTYLE SYSTEMS

Toll Free: 877-846-2623 Fax: 352-861-5600

**LESSEE: List legal name of entity**

Company		DBA:		
Billing Address	City	County	State	Zip
Telephone No.	Contact Person		Federal ID. #	
Nature of Business	Type of Business Corp.    LLC    Proprietorship    Partnership		No. of Years in Business	

**EQUIPMENT TO BE LEASED: Attached separate list if necessary**

	Equipment Cost:	
	Sales Tax (if applicable)	
	Total	
	Lease Term	Purchase Option

**EQUIPMENT LOCATION: Complete only if equipment will not be located at lessees address**

Address	City	County	State	Zip
Vendor Name				
Vendor Address				
Contact Person		Telephone No.		

**PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS**

Name	Title	Social Security No.	Business % Owned
Home Address			Home or Cell Phone No.
Name	Title	Social Security No.	Business % Owned
Home Address			Home or Cell Phone No.

**COMPANY AND BANK REFERENCE - TWO YEAR HISTORY (Needed to establish loan history)**

Name of Bank/Branch	How Long?	Account No.	Telephone No.	Contact Person
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**CREDIT REFERENCES - TWO YEAR HISTORY (Installment Debt., and Trade Reference) (Needed to establish high credit and payment history)**

Name of Creditor	City, State	Account Number	Telephone No.	Contact Person
Name of Creditor	City, State		Telephone No.	Contact Person
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The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent. I/We will also provide financial statements, tax returns, etc. as you deem necessary. I/We agree that the Advance Payment is not refundable unless application is rejected by Lessor.

LESSOR does not represent guarantees, warranties, or maintenance on any equipment as stated in body of lease

**FOR IMMEDIATE PROCESSING, PLEASE FAX APPLICATION TO (352) 861-5600**

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_