



Lease Smarter™

Florida Earth Movers

COMMERCIAL CREDIT APPLICATION

Please fax to: Matt Moslander
2010 Main Street, 11th Floor
Irvine, CA 92614
949-553-3429 PHONE
949-399-3129 FAX

LESSEE COMPANY INFORMATION

Company Name, Email Address, City, State, Zip Code, Phone, Fax

Business Classification: Proprietorship, Partnership, Corporation, Non-Profit
Years In Business, Estimated Fiscal Year End Revenue, Social Security Number (required)

OFFICER(S), PARTNER(S) OR GUARANTOR(S) INFORMATION
Name, Title, City, State, Zip Code, Phone, Ownership %

COMPANY BANK REFERENCES

Table with columns: Bank Name, # of NSF in 12 months, Account Number, Phone, Contact Officer

BUSINESS TRADE REFERENCES

Table with columns: Supplier Name, Type of Business, City / State, Phone, Contact Officer

COMMERCIAL LEASE / LOAN REFERENCE (Over six month pay history)

Table with columns: Institution Name, Amount Financed, Account/Lease/Loan Number, Phone, Contact Officer

EQUIPMENT DESCRIPTION

Table with columns: Description, Projected cost, Vendor Name, Contact, Phone

Please tell me more about: 90-Day Payment Deferral, Working Capital Program (to \$25,000), Seasonal Cash Flow Payment Structures, Master Lease Line
The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete.

Applicant: _____ Date: _____ Signature (required)