

## Credit Application

LESSEE CO./DB	BA					
STREET		PHONE		FAX		
CITY		COUNTY		STAT	STATE ZIP	
INSTALLATION	ADDRESS					
CONTACT			LEASE SIG	SNOR/TITLE		
LESSEE IS: ( ) C	ORP., ( ) PARTNERS	HP, ( ) SOLE PRO	PRIETOR			
YEARS IN BUSINESS		YEARS UNDER CURRENT OWNERSHIP			TYPE OF BUSINESS	
PRINCIPAL(S)	OR GUARANTOR(S)					
NAME) (TITLE/%	6 OWNERSHIP) (HOM	E ADDRESS)			(SOCIAL SECURITY#)	
(NAME) (TITLE/% OWNERSHIP) (HOME ADDRESS) (SOCIAL SEC					(SOCIAL SECURITY#)	
BANK REFERE	NCES (NEED 2 YEAR	HISTORY, PLEAS	<u>(E)</u>			
(NAME)	(PHONE)	(ACCOUNT NUMBER	/TYPE) (DATE	OPENED)	(CONTACT NAME)	
, ,		(ACCOUNT NUMBER/TYPE) (DATE OPENED)			(CONTACT NAME)	
LOAN HISTORY	Y PAST OR PRESENT		(BUONE)	(LOAN NUMBER)	(AMOUNT)	
TRADE REFERE		(BANK)	(PHONE)	(EUAN NUMBER)	(ANOUNT)	
(CO. NAME)	(CITY, STATE)	(PHONE)		(CONTACT NAME)	(ACCOUNT NUMBER)	
(CO. NAME)	(CITY, STATE)	(PHONE)		(CONTACT NAME)	(ACCOUNT NUMBER)	
(LANDLORD NAME)	)	(PHONE)				
I hereby authoriz	e our banks, trade refe		CREDIT RELE cial institutions		redit information to Lessor.	
X						
APPLI	CANTS SIGNATURE					
EQUIPMENT COS	ST	TERM	м	ONTHS, RATE FACT	OR	
DENTAL AUGUS		# ADMANGE DEL	TAL 0	BURGULA	COTTON	

DESCRIPTION OF EQUIPMENT