



Equipment Finance Application

Contact: Mark Singleton

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Business Information

Legal Name: _____

Bus. Phone: _____

Address: _____ **City:** _____

St: _____ **Zip:** _____

Years in business: _____

Description of Business: _____

Type of Business (Circle one) Corporation ...General Partnership.... Proprietorship Other

Ownership Information

Name _____ **Title** _____ **% Ownership** _____

SS# _____

Home Address _____ **City:** _____

St: _____

Zip _____

Name _____ **Title** _____ **% Ownership** _____

SS# _____

Home Address _____ **City:** _____

St: _____ **Zip** _____

Equipment Information

Vendor: _____

Contact: _____

Description: PLANE PERFECT GOLF SWING MACHINE

Cost: _____ **Terms** _____

Program: _____

The undersigned certifies that the information requested above is accurate. The Lessee named above, its owners and/or principals, and all individuals whose names appear on the application expressly authorize consumer reporting agencies and other persons to furnish credit information to Lessor, separately or jointly with other creditors or lessors, for use in connection with this Agreement. Lessors and joint users of such information are authorized to receive and exchange credit information and to update such information as appropriate during the term of this Agreement. Information about the undersigned may be used for administrative purposes and shared with Lessor's affiliates.

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