



FIRMCO FINANCIAL, INC.

4700 South State Salt Lake City, UT 84107
PO Box 57884 Salt Lake City, UT 84157
Phone: 801-268-2100 Fax: 801-268-2329

LEASE APPLICATION

Salesman: Dave Larson
email: dave@firmco.com
Direct Phone: 801-263-4847
1-800-333-3173

LESSEE INFORMATION

| | | | | | |
|--|-----------------------|--|---------------------------|--------------|-------------|
| Company Name | | Phone # | | Fax # | |
| Address | | City | County | State | Zip |
| Address of Equipment If Different From Above | | City | County | State | Zip |
| Type of Business | Years In Business | # of Employees | e-mail | | |
| Federal I.D. No. | State of Organization | <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC | | | |
| Principal/Partner/Officer | | Home Phone | Principal/Partner/Officer | | Home Phone |
| Address | | % Owned | Address | | % Owned |
| City/State/Zip | | Soc. Sec. # | City/State/Zip | | Soc. Sec. # |
| Total Personal Debt | Total Assets | | Total Personal Debt | Total Assets | |
| Equity in Company | Net Income | | Equity In Company | Net Income | |

BANK REFERENCES

| | | | |
|------|----------------|-----------|---------|
| Bank | Contact Person | Account # | Phone # |
| Bank | Contact Person | Account # | Phone # |

TRADE REFERENCES

| | | | |
|----------|----------------|-----------|---------|
| Supplier | Contact Person | Account # | Phone # |
| Supplier | Contact Person | Account # | Phone # |
| Supplier | Contact Person | Account # | Phone # |

For the purpose of securing lease/equipment financing, I authorize Firmco Financial, Inc., it's nominees or assigns, to do a complete credit check using the information provided above or attached, including the review of personal credit reports on the principal(s) or guarantor(s) of the credit applicant. I authorize all deposit and credit information to be released by telephone or fax. A photostat or facsimile copy of this authorization shall be valid as the original.

| | | |
|----------------------------------|--------|-------|
| SIGNATURE X | Title: | Date: |
|----------------------------------|--------|-------|

VENDOR INFORMATION

| | |
|---------|---------|
| Name | Phone # |
| Address | Contact |

EQUIPMENT DESCRIPTION

| | | |
|--|------------------------------|------------------|
| Quantity, Type, Make, Model of Equipment | | |
| Total Price without Tax | Term 12 24 36 48 60 _____ | Advance Payments |