



Lease Terms

Lease Amount: _____
 Lease Term: _____
 Residual: _____
 Advance: _____

EQUIPMENT VENDOR INFORMATION

Vendor Name		Equipment Description (attach invoice or proposal if available)		EB
Vendor Address		City	State	Zip
Contact Person		Telephone	Fax	
E-mail Address		Cellular	Pager	

APPLICANT COMPANY INFORMATION

Full Legal Name		d/b/a Name	Federal Tax ID #	
Company Address		City	State	Zip Code
Location of Equipment (if different than above)			Date Business Started	
Contact Person	Business Phone	Business Fax	E-Mail Address	
Nature of Business	Business Type: Sole-Prop, Corporation, Partnership, LLC, Other		Web-Address	

PERSONAL INFORMATION ON ALL OWNERS, OFFICERS, PARTNERS OR GUARANTORS

Principal Name		Title	Social Security Number	% of Ownership
Home Address	City	State	Zip Code	Home Phone
Principal Name		Title	Social Security Number	% of Ownership
Home Address	City	State	Zip Code	Home Phone

BUSINESS CHECKING ACCOUNT AND SUPPLIER REFERENCES

Current Business Bank	Opening Date	Account Number(s)	Phone	Contact
Previous Bank (if less than 2 years at current)	Opening Date	Account Number(s)	Phone	Contact
Supplier Reference	Products	City / State	Phone	Contact
Supplier Reference	Products	City / State	Phone	Contact

COMPARABLE LEASE OR LOAN AND LANDLORD REFERENCES

Lease or Loan Reference	Opening Date	Account Number(s)	Phone	Contact
Landlord	Date Leased	City / State	Phone	Contact

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Rock Solid Funding, LLC or its potential assigns, or Lenders to obtain from third parties information Lessor deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Rock Solid Funding LLC, its designee, assigns or potential assigns, to review his/her personal credit profile provided by National credit bureaus in considering this Application and for the update, renewal or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Signature	Date
Signature	Date