

EQUIPMENT DEALER

DEALER NAME	
CONTACT	PHONE
EQUIPMENT TYPE	
EQUIPMENT COST	

LEASE TERM IN MONTHS <input type="checkbox"/> 13 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60

BUSINESS STRUCTURE

<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CO.	STATE OF INC.	YEARS IN BUSINESS
---	--------------------------------------	--------------------------------------	--	---------------	-------------------

LESSEE INFORMATION

LESSEE (EXACT LEGAL NAME & D/B/A)			WEBSITE ADDRESS		
STREET ADDRESS				CITY	
STATE	ZIP CODE	PHONE NO.	EMAIL ADDRESS		
NATURE OF BUSINESS		YRS UNDER CURRENT OWNER	FEDERAL TAX I.D. NO. (IF APPLICABLE)		

OWNERSHIP

PRINCIPAL #1 NAME			TITLE	% OF OWNERSHIP	
SOCIAL SECURITY NO.		PHONE NO.	EMAIL ADDRESS		
STREET ADDRESS			CITY	STATE	ZIP CODE

I understand this equipment application may be approved based upon my business and personal credit. I authorize WISE Commercial Lending or its assignees to check references, bank accounts and credit information.

X	
----------	--

Authorized Signature

PRINCIPAL #2 NAME			TITLE	% OF OWNERSHIP	
SOCIAL SECURITY NO.		PHONE NO.	EMAIL ADDRESS		
STREET ADDRESS			CITY	STATE	ZIP CODE

I understand this equipment application may be approved based upon my business and personal credit. I authorize WISE Commercial Lending or its assignees to check references, bank accounts and credit information.

X	
----------	--

Authorized Signature

Please send completed application to: info@sequoiapm.com