



Vendor Name: Equipment Cost \$
Vendor Address: Sales Tax (If Applicable) \$
Contact Person: Vendor Salesperson: Telephone Number: Total Cost \$
INITIAL TERM MONTHLY LEASE PAYMENT ADVANCE PAYMENT (How Applied)
Months \$ EXCLUSIVE of applicable tax \$ Security Deposit
Advance Payment
EQUIPMENT TO BE LEASED Attach separate list if necessary
Manufacturer:
Description (or refer to description in Lease):
EQUIPMENT LOCATION Complete only if equipment will not be located at Lessee's address
Address City County State Zip
LESSEE Important to set out full legal name of Lessee
Company Name:
Billing Address City County State Zip
Telephone Number: Contact Person: Title:
Nature of Business: SIC Code: Type of Business No. of Years in Business: No. Years under current control:
PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS (Required if business is less than eight years old and/or closely held)
Name: Title: Social Security No. Percent of Ownership: Annual Income:
Home Address City State Zip Home Phone No.: Net Worth:
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Home Address City State Zip Home Phone No.: Net Worth:
COMPANY BANK REFERENCES - MUST HAVE TWO YEAR HISTORY (Important to establish any loan history)
Name of Bank/Branch: How Long? Chkg. Acct. # Loan Acct #:
Contact Officer: Av Daily Bal: Av Daily Bal:
Telephone No.:
TRADE REFERENCES AND OTHER LEASES - TWO YEAR HISTORY (Or attach reference sheet)
Name of Supplier: City/State: Telephone No. Contact Person:
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I hereby certify that the information contained in this Lease Application is true and accurate to the best of my knowledge, that I am authorized to and do hereby authorize Highline Capital Corp., including any subsidiary or affiliate (collectively, "HCC"), on behalf of any Lessee(s) named herein, to request any banks, trade references, financial institutions, or other person(s) or entity(ies) named herein, and any credit reporting services, having information relating to such Lessee(s) regarding accounts, account performance, and/or other information, to release such information to HCC in connection with this Lease Application, and at any other time as HCC may determine if this Lease Application is approved.

SIGNATURE: _____

DATE: _____

NAME: _____

TITLE: _____