

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Social Security#1 \_\_\_\_\_ Social Security# 2 \_\_\_\_\_

D.O.B #1 \_\_\_\_\_ D.O.B #2 \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Yrs in Business \_\_\_\_\_ Homeowner: Yes or No (please circle one)

Principals: (President/Owners)

<u>Name &amp; Title</u>	<u>Home Address &amp; Zip</u>	<u>% of ownership</u>
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Owner 1

X

Owner 2

X

Equipment Description:

Amount/ Cost: \$ \_\_\_\_\_ Yr. \_\_\_\_\_ New \_\_\_\_\_ Used X Term (mos) \_\_\_\_\_

Vendor Name: EV Equipment LLC Contact/ Sales Person: Jaime A. Arango

Vendor Address: 8594 NW 70<sup>th</sup> ST Miami FL 33166 Vendor Phone: 786 223 2120

Bank Information

Bank Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Acct#: \_\_\_\_\_ Phone#: \_\_\_\_\_

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes EV Equipment LLC to obtain from third party 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 EV Equipment LLC, its designee, assigns or potential assigns, to review his/her personal credit profile as provided by national credit bureaus in considering this Application and for the purpose of the update, renewal or extension of credit of this Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be as valid as the original.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_