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BTR Equipment Services
Equipment Lease
Application

| | | | | | | | |
|---|-----------------------|--------------------------|---------------------------|--------------------|-----------------|------------------------------|----------|
| Business Legal Name | | | | Business DBA Name | | | |
| Type of Business Entity (Select One) | | Corporation | Limited Liability Company | Partnership | Sole Proprietor | State Business Registered In | |
| Physical Street Address (No PO Box) | | | | City | | State | Zip Code |
| Telephone | | Facsimile | | Federal Tax ID | | | |
| Business Start Date | Current Ownership YRS | Business Website Address | | Nature of Business | | | |
| Equipment Location (If different from Physical Address) | | | | City | | State | Zip Code |

| | | | |
|----------------|--|--------------|--|
| Bank Name | | Bank Contact | |
| Account Number | | Bank Phone | |

| | | | | | |
|------------------------|-------|-------------------|------------------------|-------|-------------------|
| Owner#1 Name | | | Owner#2 Name | | |
| Title | | | Title | | |
| Home Address | | | Home Address | | |
| City | State | Zip Code | City | State | Zip Code |
| Home Phone | | | Home Phone | | |
| Social Security Number | | Percent Ownership | Social Security Number | | Percent Ownership |
| Email Address | | | Email Address | | |

| | | | |
|----------------------------------|---------|-------------|-------------------|
| Have you selected equipment? | YES | NO | Type of Equipment |
| I plan to purchase equipment in: | 30 days | 60-90 days | 90+ days |
| Estimated Cost | | Vendor Name | |
| Vendor Phone | | | |

Declaration:

I hereby certify: (i) the information provided above is true and correct, (ii) you are hereby authorized to investigate all bank, credit, and trade references, and said references are hereby authorized to release any requested information to you or your nominee, (iii) such authorization shall extend to obtaining personal credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account, (iv) this information may be transmitted by us to you and by you to underwriter(s) for the purpose of granting me credit, either electronically or manually, and that by submitting this application, I take full responsibility for transmission thereof, (v) I am over 18 years of age, (vi) I acknowledge my rights under the Fair Credit Reporting Act, (vii) I consent to receive faxes and e-mails sent by National Funding and its affiliates for the purposes of transmitting account updates, requests for information and notices, and (viii) this request is for business and not for consumer purposes.

Owner/Officer
 Signature _____
 Title _____
 Date _____

Owner/Officer
 Signature _____
 Title _____
 Date _____