

BUSINESS LEASING APPLICATION

Fax Application to: 888-404-5366

OR Email a Signed Copy to

operations@lqifs.com

For fastest processing, (1) Complete all required fields, (2) Fax Vendor Invoice(s) with your application.



GENERAL INFORMATION

Complete Legal Name:	Tax ID:	
Street Address:	Phone:	
City:	State:	Website URL:
County:	Zip:	Revenues:
Business Start Date:	Years w/Current Owners:	No. of Emp.:
Type of Organization	<input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Gen. Partnership <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Municipality <input type="checkbox"/> Other	
Desired Term: <input type="checkbox"/> 12 Mths <input type="checkbox"/> 24 Mths <input type="checkbox"/> 36 Mths <input type="checkbox"/> 48 Mths	Lease Type: <input checked="" type="checkbox"/> \$1 Out	
Description of Business (Products and Services):		
Has the company ever declared bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have any of the guarantors ever declared bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are there any outstanding lawsuits? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are there any outstanding tax obligations? <input type="checkbox"/> No <input type="checkbox"/> Yes	

OWNERS (20% or more)

Name	Street Address	Social Security #	% Ownership	Owners Gross Income
Title	City, State, Zip	Home Phone Number	Net Worth	Owners Salary
1.				
2.				

BANK REFERENCE

Primary Bank Name:	Contact:	Phone:
Account Number:	Avg. Balance:	Acct. Type:

EQUIPMENT

Equipment Description #1:	<input type="checkbox"/> New <input type="checkbox"/> Used	
Equipment Location:		
Supplier:	Phone:	Invoice Amt.:
Equipment Description #2:	<input type="checkbox"/> New <input type="checkbox"/> Used	
Equipment Location:		
Supplier:	Phone:	Invoice Amt.:

CUSTOMER CREDIT RELEASE

NOTE: If the total requested is > \$100,000 the following information is required: (a) company's Federal tax returns for the past three years, (b) fiscal year-end financial statements, income statement, balance sheet, statement of cash flows and any accountant notes for the past three years, (c) most recent interim financial statement with comparable previous period, (d) a personal financial statement for each owner or officer listed, (e) the most recent personal Federal tax return for each owner or officer listed. LGI Financial Solutions reserves the right to request the same information for requests <= \$100,000. If your credit references or credit history may be verified under any other name(s), please indicate next to your signature.

Your signature below is: (i) your company's application through you as its authorized signer for the credit products indicated; (ii) your agreement to the terms and your representation that the questions in the application have been answered fully and truthfully; (iii) you and your company's agreement as applicable to the Agreements and Representations section below, and; (iv) you and your company's understanding that LGI Financial Solutions has no obligation to extend credit unless LGI Financial Solutions approves this application.

AGREEMENTS AND REPRESENTATIONS

- You and company represent to LGI Financial Solutions and its assigns that all information provided on this application is true and correct, is not misleading, and does not contain any material omissions.
- You authorize LGI Financial Solutions and its assigns to obtain consumer reports on each of owner or officer listed from consumer reporting agencies in considering this application, and in conjunction with any extension of credit to company or review or collection. LGI Financial Solutions may obtain business reports on company.
- You represent to us that each of you is authorized to sign this application on behalf of company, that each of you have the title indicated above, and that no other person(s) is/are required to sign this application in order to bind the company or to make any of the representations, agreements, or other information in this application accurate, effective and legally binding.

All owners and other principal representatives must sign this application. If there are more than four signers, please copy this application, complete and sign this section, and attach the copy to this application.

Owner _____	Date _____	Owner _____	Date _____
Owner _____	Date _____	Owner _____	Date _____