

Equipment Lease Application

ABOUT YOUR BUSINESS

LESSEE (EXACT LEGAL NAME)				DBA	
STREET ADDRESS			CITY	STATE	ZIP
LOCATION OF EQUIPMENT			CITY	STATE	ZIP
TYPE OF BUSINESS	GROSS ANNUAL SALES	YEARS IN BUSINESS	YEAR UNDER CURRENT OWNER	FEDERAL TAX ID NO. (IF ANY)	
<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LLC	STATE OF INCORPORATION	
YOUR WEBSITE ADDRESS			CONTACT EMAIL ADDRESS		COUNTY WHERE EQUIP LOCATED

YOUR BUSINESS OWNERSHIP

PRINCIPAL #1 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO.
STREET ADDRESS				CITY STATE ZIP
PERSONAL ANNUAL GROSS INCOME (Not including spouse)		Home Owner ?		
PRINCIPAL #2 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO.
STREET ADDRESS				CITY STATE ZIP
PERSONAL ANNUAL GROSS INCOME (Not including spouse)		Home Owner?		

YOUR BUSINESS BANK

BANK NAME	CONTACT NAME	CITY	CURRENT CHECKING BALANCE	TELEPHONE NO.
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.	LOAN NO.	

EQUIPMENT DETAIL

ITEM DESCRIPTION	COST	DELIVERY DATE NEEDED

DESIRED TERMS

LEASE TERM IN MONTHS

24 36 48 60

The undersigned individual who is either a principal, a personal guarantor or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Innovative Lease Services, Inc. or its designee the use of a consumer credit report on the undersigned, from time to time as may be needed. Additionally, this authorization include release of any bank and/or trade information to Innovative Lease.

X _____
 AUTHORIZED SIGNATURE _____ DATE _____

ADDITIONAL INFORMATION

If the business has been in operation under present ownership for less than two years, or equipment cost exceeds \$75,000 please provide:
 *Financial Statements or Tax Returns on Company for most recent two years and most recent Interim Financial Statement.

Please include an itemized quote, if available.

EQUIPMENT DEALER

DEALER NAME	
Focal Spot, Inc.	
PHONE NUMBER	CONTACT
858-536-5050 11&	: fYX'GW `]YdYf
DEALER EMAIL	
ZjW `]YdYf@focalspot.com	

Fax completed application to:

ATTN: ÁÒ ^ á Æ & q a] ^ ! É Ö Ö

FAX: (818) 1 H - 1 € 1

TEL : (811) 1 H - 1 € €

ECOA NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Administrator, (800) 438-1470 within 60 days from the date you are notified of our decision. We will send you a written statement within 30 days of receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580