

Application for Equipment Leasing

VIP CREDIT CARD SERVICES AND PAYMENT SOLUTIONS

480-777-5677 * 1-888-847-4445 Office 1-888-847-4456 Fax info@vipccs.com

From:	Business Name:	
Date:		
	Home Address:	
Phone:		
Fax:	Business Phone:	
	Email:	

Please follow the simple instructions below to complete your application.

- 1) Required information to complete application process:
 - 1. Officers/Owners... Information Section Social Security Number
 - 2. Bussiness Checking Account Section Bank Account Number
 - 3. Authorization Section Sign and Date
 - 4. Credit Authorization Page Sign, Social Security #, and Date
- 2) **FAX** the fax cover sheet along with the completed application to:

Fax to 1-888-847-4456

A VIP sales representative will contact you within 24 business hours to confirm and finalize your application. Thanks for choosing VIP Payment Solutions as your service provider. We look forward to speaking with you soon.

Pages:	(including cover)
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Equipment Finance Application

4535 South Lakeshore Dr #5 Tempe, AZ 85282 Phone: 480-777-5677 Fax: 888-847-4456 www.vipccs.com

COMPLETE LEGAL COMPANY NAME					D.BA NAME (n applicable;									
BILLING ADDRESS					CITY			STATE			ZIP			
PHYSICAL ADDRESS					CITY			STATE			ZIP			
EOUIPMENT LOCATION (n different than physical address of business;					CITY			STATE			ZIP			
COUNTY	COUNTY BUSINESS PHONE #						BUSINESS FAX #				CONTACT CELL#			
NATURE OF BUSINESS					SOLI	SOLE PROPRIETOR CORPORATION			PARTNERSI	HIP I	LC	OTHER		
FEDERAL ID#	FEDERAL ID# BUSINESS START DA			RT DAT	ГЕ	CURRENT OWNERSHIP				E-MAIL				
OFFICERS/OWNERS/PARTNERS/ME					EMBERS GUARANTOR INFORMATION									
NAME #1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NAME #2			NAME #3						
TITLE	TILE %OWNED		TITL	LE	% OWNED		TI	TITLE			% OWNED			
SOCIAL SECURITY NUMBER	OCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER		SO	SOCIAL SECURITY NUMBER								
HOME PHONE #			HOME PHONE #			Н	HOME PHONE /I							
STREET			STREET		STREET									
CITY	ST	ZIP		CITY	Y	ST	T ZIP CITY		TY	ST		ZIP		
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BANK NAME ACCOUNT NUMBER		BER	CONTACT PERSON				PHONE NUMBER							
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BANK NAME ACCOUNT		ſ NUM	BER	CONTACT PERSON			PHONE NUMBER							
				E	BUSINESS TRA	DE RI	EFERENC	CE						
BANK NAME ACCOUNT		Γ NUM	BER	CONTA	CONTACT PERSON PHONE NUMBER									
	UIPN	MEN	T TO		LEASED AND	VEND	OR/SUPP	LIE	ER INFO	PRMAT	ION			
VENDOR NAME CONTACT PERSON				CONTACT PERSON	PHONE#			PHONE#						
DESCRIPTION					QUANT	QUANTITY		MODEL#		NEW		USED		
			EQUIPM	EQUIPMENT COST			TERM							
				SALES I	SALES REP			24	36		18			
					AUTHO	RIZAT	ION							
The following authorization shall apply to this application and subsequently for the purpose of update, renewal, or extension of such credit and for reviewing or collections below. The following account. A copy of this authorization shall be valid as the original. By signing below, the undersigned individual who is either a principal of the credit applicant or personal guarantor of its obligations, provides written instruction to US Funding, LLC or its designee authorizing any credit bureau or other investigative agency to investigate the references herein listed or statements or other data obtained pertaining to credit and financial responsibility.														



CREDIT AUTHORIZATION

I/We authorize the leasing company, its designees or assigns to make any necessary credit inquiries deemed proper in connection with this lease application. I/We authorize and instruct any person or consumer-reporting agency to compile and furnish to the Leasing company any information that it may have or obtain in response to such credit inquiries and agree that such information, along with the application, shall remain the leasing company property whether or not the lease is approved.

NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATURAL ORIGIN, SEC MARITAL STATUS, OR AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); 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 IS THE:

FEDERAL TRADE COMMISSION **EQUAL CREDIT OPPORTUNITY** WASHINGTON, D.C. 20580

Applicant Signature	Applicant Signature					
Printed Name	Printed Name					
Title	Title					
Home address	Home address					
Social Security #	Social Security #					
Date	Date					

NOTE: Use full legal name(s). Signature(s) must be only those of duly authorized corporate officer, partner, or proprietor, with title indicated.

Office

480-777-5677

888-847-4445