

LESSEE INFORMATION 

Legal Name of Company:		Telephone Number:	Fax Number:
Trade Name:		Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation (S) (C) <input type="checkbox"/> LLC	
Address:		Industry:	Federal ID Number:
City, State, Zip:		County:	Number of Employees:
Contact Person/Title:		Years in Business:	Years at current location:
Email Address:		Business Property: <input type="checkbox"/> Own <input type="checkbox"/> Lease	Have you applied for an equipment lease in the past 90-day?

BANK REFERENCES (Please attach separate page if you would like to include more than two bank references)

Bank Name and Branch	City / State	Telephone No.	Account Type	Contact	Account Number

TRADE OR FINANCE REFERENCES (Please attach separate page if you would like to include more than two trade references)

Company Name	City / State	Telephone No.	Contact	Account Number

PERSONAL INFORMATION (Principals or Guarantors)

Name and Title	1.	2.
Street Address		
City, State, Zip Code		
Telephone Number		
Social Security No.		
Professional Title / Ownership %		

CREDIT RELEASE

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Mosaic International Corporation to obtain from third parties, information it deems necessary to arrive at a decision regarding this Application. To help fight terrorism and money laundering, the information you provide will be verified. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Mosaic International Corporation, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to Mosaic International Corporation by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

Authorized Signature	Title	Date
Authorized Signature	Title	Date

VENDOR / EQUIPMENT

(Please attach separate page if more than one vendor)

Internal Use:

Vendor Name:	Street Address	City	State	Zip Code
Contact	Email:	Telephone Number		
Equipment Description				
Total amount to be leased including shipping and Installation: →				