

Credit Application



Please **Fax Completed Application** to: **513-755-2334**
 Call: **800-258-3706** or **513-755-2822** Contact: Bill Clark
 Or e-mail: BClark@LeasELO.com

Equipment Leasing Options

Business Information

Full Legal Name (Include DBA if Applicable)			Tax Identification #		
Billing Street Address			EMAIL ADDRESS		
City	County	State	Zip		
Equipment Location (if different from above) (Street Address/City/County/State/Zip)					# of Years in Business
Contact Name and Title		e-mail address	Phone # ()		<input type="checkbox"/> "S" Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP
Name (Personal Guarantor/Principal/Partner/Officer)			Social Security #		
Name (Personal Guarantor/Principal/Partner/Officer)			Social Security # -- --		
Home Street Address (Personal Guarantor/Principal/Partner/Officer)					
City/State/Zip			Phone # ()		

Lease Term:

- 12 Mo. Lease
- 24 Mo. Lease
- 36 Mo. Lease
- 48 Mo. Lease
- 60 Mo. Lease

Equipment Information

Total Estimated Equipment Cash Price: \$	# of Advance Payments:	Total Estimated Lease Payment: \$
Equipment Description		End of Lease Options:
Equipment Description (Mfgr/Model)		<input type="checkbox"/> FMV <input type="checkbox"/> Fixed % _____ <input type="checkbox"/> Fixed \$ _____

Rayzist Photomask Inc

Liz Haas - Lease contact

800-729-9478

Business Bank Reference

Business Bank Reference Name	Checking/Loan Account #	Phone # ()
Address (City, State)	Account/Loan Officer	

Personal Bank Reference

Personal Bank Reference Name	Checking/Savings Account #	Phone # ()
Address (City, State)	Account/Loan Officer	

Trade Reference

Trade References, Business Loans or Leases (Name/City/State/Telephone #)

1. _____
2. _____
3. _____

Business Purpose

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Equipment Leasing Options to obtain from third parties information Lessor deems necessary to arrive at a decision regarding this Application. Applicant certifies to ELO that it is applying for credit for business purposes, and not for personal, family use. I hereby authorize any bank or financial institution to release account or credit information to ELO.

Credit Information Release

By signing below, the undersigned individual as principal of and/or guarantor for the applicant authorizes ELO, its designee, assigns, or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. Fax or copy of this authorization valid as original.

X _____
 Signature Printed Name Date