



Lease Application

MedLease, LLC.
550 Fairway Drive, Suite 106
Deerfield Beach, FL 33441
Ph: (866) 476-8617

Marketing Rep.	Confirmation #		Date
Term	Cost	Install Date	Rate

APPLICANT INFORMATION

Business Legal Name (and DBA if applicable)		e-mail	Telephone
Street Address		City/State/Zip	
Principal Contact	Type of Business	Federal Tax #	
Years in Business	Type of Legal Entity (Corp, Partnership, etc)		

PERSONAL INFORMATION ON OFFICERS, PARTNERS, PRINCIPALS

Name/Title/Principal Officer/Partner	% Ownership	Social Security Number
Address/Residence		Home Phone Number
Name/Title/Principal Officer/Partner	% Ownership	Social Security Number
Address/Residence		Home Phone Number
Name/Title/Principal Officer/Partner	% Ownership	Social Security Number
Address/Residence		Home Phone Number

EQUIPMENT DESCRIPTION

<input type="checkbox"/> New <input type="checkbox"/> Used	
Equipment Location	Vendor-Contact

CREDIT INFORMATION

Bank-Location	Bank-Location
Contact-Phone	Contact-Phone
Account #	Account #

DEBT / TRADE REFERENCES

Name	Location	Phone Number	Account Number
1.			
2.			
3.			

Notes :

I/We for ourselves and as owner(s)/officer(s)/partner(s)/guarantor(s) of the Applicant certify to MedLease, LLC. that all of the information set forth in this Application (and in any other documents submitted in connection with this Application) may be relied upon by MedLease, LLC. as being true and correct. I/We agree to promptly notify MedLease, LLC. of any changes. I/We understand that this Application and attachments will remain the property of MedLease, LLC., even if the loan is declined. I/We for ourselves and as owner(s)/officer(s)/partner(s)/guarantor(s) of the Applicant authorize MedLease, LLC. to obtain any information MedLease, LLC. requires relating to my/our creditworthiness from any source, including a credit reporting agency, any time during the term of the loan or while any balance is outstanding or if MedLease, LLC. updates, renews or extends this loan. I/We for ourselves and as owner(s)/officer(s)/partner(s)/guarantor(s) of the Applicant certify that the proceeds of this loan if approved, will be for business use only.

Applicant Name		Credit Amount	
1. Signature	Date	2. Signature	Date