



"Financing the Future of Healthcare"

LEASE APPLICATION

Legal Name of Business: Office Contact:
Address: City: State: Zip:
Business Phone: Business Fax: Business Email:
Nature of Business: Time in Business: Corp. Prop. Partnership Non Profit

Owner's full legal name: (List full legal name, title and current address)

1. Name: SS # - - Title:
Address: City: State: Zip:
2. Name: SS # - - Title:
Address: City: State: Zip:

Bank Reference:

Bank: Contact: Telephone:
Checking Account No.: Loan No: Facsimile:

Equipment Information:

Supplier: Contact: Telephone:
Equipment Description: Equipment Cost:
Lease Term Requested: Payment: Purchase Option:

The undersigned certifies that the information requested above is accurate. The Lessee named above, its owners and/or principals, and all individuals whose names appear on the application expressly authorize consumer reporting agencies and other persons to furnish credit information to Lessor, separately or jointly with other creditors or lessors, for use in connection with this agreement.

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 Affinity Financial Services at the above address or call 866-809-5619 within 60 days from the date you are notified of our decision.

ALL APPLICANTS LISTED HEREIN MUST SIGN THIS APPLICATION. READ PRECEDING PARAGRAPHS CAREFULLY.

Signature: Title: Date:
Signature: Title: Date:

FAX TO: Bruce White @ 972-201-9020 PHONE: 972-480-8100