Equipment, Software/Training & Website Financing Date _____ Lease Agent _____

Tel: 866-776-8876 Fax: 866-300-6060 http://www.pro-ductivity.com/lease/index.html

LESSEE

Exact Legal Name _____ Fed. ID No. _____

DBA _____ Phone _____ Fax _____

Street Address _____ E-mail: _____

City _____ State _____ ZIP _____ County/use tax Rate _____

Bus. Description _____ Corp/LLC ☐ Prop. ☐ P'Ship. ☐ Yrs. in Business _____

PRINCIPALS % Ownership of each owner _____

Owner/President _____ Soc. Sec. No. _____

Home Address _____

Co-owner/Partner _____ Soc. Sec. No. _____

Home Address _____

(If additional owners, please attach an additional sheet.)

BUSINESS REFERENCES

Bank Name (2 yr. history) _____ Phone _____

Checking Acct. No._____ Loan Acct. No. _____ Officer _____

Bank Name (2 yr. history) _____ Phone _____

Checking Acct. No._____ Loan Acct. No. _____ Officer _____

TRADE ACCOUNTS

Name _____ Phone _____ Contact _____

Name _____ Phone _____ Contact _____

Name _____ Phone _____ Contact _____

Equipment and/or Software with Training or Website Description Make/Model Unit Cost

_____

_____

(attach 2d page if necessary) TOTAL COST $ _____

Eqpt. location (if other than lessee's above address) _____

Term _____ Months Purchase Option: 10% ☐ $1 ☐ FMV ☐ Advance Payments _____

Rate _____ X Cost = Payment _____ + Use Tax _____ = Total _____

Equipment Vendor Name _____ Salesperson _____

Address _____ Phone _____

Software Vendor Name Pro-ductivity Systems, LLC partner _____ Salesperson Suzanne Beers

Address _____ Phone _____

Software Training Vendor Name Pro-ductivity Systems, LLC Salesperson Suzanne Beers
Address P. O. Box 2, Sewickley, PA 15143-0002 Phone 412-741-8623 ext 2
Tel: 866-776-8876 Fax: 866-300-6060

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes LeaseSource, Inc., its designee, assigns or potential assigns, to review his/her personal and/or business 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. Permission is hereby granted to correspond with us via facsimile. A fax or photocopy of this authorization shall be valid as the original.

_____ _____ _____

Applicant Signature Print Name Date