Consumer Lease Application

DEALER NAME (Equipment Supplier)	DEALER CODE

DEALER REFERENCE #
| | | | | | | | | |

= denotes required field

INITIAL FUNDING INFORMATION

*EQUIPMENT TYPE

_____

_____

*FILL IN ONE OF THE FOLLOWING FIELDS:

Base Monthly Pmt.: $_____for _____ Months Term

_____

GUARANTOR INFORMATION #1 (Equipment User)

*APPLICANT NAME _____

*SS #_____D.O.B._____

*HM PHONE_____ WK PHONE_____

*CITY_____ *STATE_____* ZIP_____

EMPLOYER_____

OWNS RESIDENCE: _____YES _____NO

TITLE_____

YEARS AT RESIDENCE:_____

EMAIL ADDRESS_____

PERCENT OWNER: _____%

GUARANTOR INFORMATION #2 (if applicable)

*APPLICANT NAME _____

* STREET ADDRESS_____

*SS #_____D.O.B._____

_____

*HM PHONE_____ WK PHONE_____

*CITY_____ *STATE_____* ZIP_____

EMPLOYER_____

OWNS RESIDENCE: _____YES _____NO

TITLE_____

YEARS AT RESIDENCE:_____

EMAIL ADDRESS_____

PERCENT OWNER: _____%

DEALER INFORMATION (Equipment Provider)

DEALER OFFICE: _____

SALESPERSON: _____

The undersigned applies for the Lease indicated in this application. Everything stated in this application is correct. Lease Genie or its assigned may retain the application whether or not the Lease is approved. Lease Genie and its authorized Affiliates are authorized to check my credit for the purpose of determining my credit worthiness at the time of my application or thereafter in connection with the same transaction or extension of credit and for the further purpose of reviewing the account, taking collection activity on the account, and skip tracing. Lease Genie and its Authorized Affiliates are authorized to provide history information to others about my credit standing and your credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside attorneys.

APPLICANT (Guarantor #1)

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_____ Authorized Signature

_____ Printed Name

_____ Date

APPLICANT (Guarantor #2)

_____ Authorized Signature

_____ Printed Name

_____ Date

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