LEASE GENIE
Equipment Leasing   Working Capital

CREDIT RELEASE AUTHORIZATION

Each individual signing as principal certifies that the information provided in this application is accurate and complete. Each individual signing authorizes Lease Genie or any other lending sources / designee to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line, taking collection action on the account and for any other legitimate purpose associated with the account as needed. Each individual signing as principal further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. By signing below, the undersigned individual as principal of and/or guarantor for the applicant, hereby grants permission with us via facsimile. A fax or photocopy or email of this authorization shall be valid as the original.

NOTICE TO APPLICANT(S)

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for that denial. To obtain that statement please contact us within 60 days from the date that you were notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating on the basis of race, color, religion, national origin, sex, marital status, age, because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

_____   _____   ____/____/____
Applicant #1 Signature   Print Name   Date

_____-_____-_____   _____-_____
     Social Security Number   Tax I.D.

_____   _____   ____/____/____
Applicant #2 Signature   Print Name   Date

_____-_____-_____   _____-_____
     Social Security Number   Tax I.D.