



INDIGO LEASING SERVICES

1220 Valley Forge Rd., Ste.# 47B, Phoenixville, PA 19460

TEL: (888) 546 - 3446 FAX: (888) 532 - 7358

LEASE CREDIT APPLICATION

Business Legal Name (and any DBA if applicable) _____

Federal Tax Number: _____

Address: _____

Phone #: _____ Fax #: _____

Type Of Business: Proprietorship _____ Partnership _____ Corporation _____ LLC _____ Non-Profit _____

Business Description: _____ Years Under Current Ownership _____

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR OWNERS (Attach Schedule if necessary)

Name _____ Name _____

Home Address: _____ Home Address: _____

City, State, Zip: _____ City, State, Zip: _____

Soc. Sec. # _____ % Ownership: _____ Soc. Sec. # _____ % Ownership: _____

BANK REFERENCES

Bank Name: _____ Bank Name: _____

Phone #: _____ Phone #: _____

Contact Person: _____ Contact Person: _____

Account #: _____ Account #: _____

LEASE / LOAN REFERENCE

BUSINESS TRADE REFERENCES

1. Supplier Name: _____ Phone #: _____ Contact / Acct. #: _____

2. Supplier Name: _____ Phone #: _____ Contact / Acct. #: _____

3. Supplier Name: _____ Phone #: _____ Contact / Acct. #: _____

EQUIPMENT INFORMATION (Attach Schedule if necessary)

VENDOR INFORMATION

Description: _____ Company Name: _____

Address: _____

Cost (w/o tax): _____ New: _____ Used: _____ City, State, Zip: _____

Address of Installation: _____ Contact: _____ Tel. #: _____

PROPOSED LEASE TERMS

Purchase Option: _____ \$1 _____ 10% / FMV #Of Months: _____ Monthly Pmt. (w/o tax): _____

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its Designee (and any assignee or potential assignee thereof) authorizing review of his / her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application. I also authorize my bank and trade references to release all information as requested by Indigo Leasing Services or its assignees. This information can either be released by telephone or by facsimile transmission.

Signature: _____ Title: _____ Date: _____
(Authorizing Officer's Signature)

Print Name: _____