



REFERRING DEALER

Name _____ Fax # _____ Phone # _____
 City, State _____ E-Mail Address _____
 Referring Dealer Contact _____ Referring Dealer # _____

RENTEE

Company Name _____ Phone # _____
 Address _____ City _____ State _____ Zip _____
 Contact Name _____ E-Mail Address _____
 Corporation: Date Incorporated _____, State _____ Partnership Proprietorship No. of Employees _____
 Business Nature _____ Year Established _____

PERSONAL DATA on Major Stockholders, Partners or Proprietor
 PERSONAL INFORMATION IS REQUIRED FOR ALL CORPORATIONS IN BUSINESS LESS THAN TWO YEARS, HAVING LESS THAN 10 EMPLOYEES AND ALL PARTNERSHIPS OR PROPRIETORSHIPS.

	Name	Title	Home Address	Social Security #
1.				

BANK REFERENCES (Two-Year History)

	Name	City/State	Phone #	Contact	Account #
1.					

LEASE/LOAN REFERENCES

	Name	City/State	Phone #	Contact	Account #
1.					

EQUIPMENT

Quantity	Description	Model #	Term	Monthly Payment (Quantity x\$99.00)	New or Used
	PRINTER	Xerox 8560/DN	24 Months	\$ _____, plus applicable taxes	

EQUIPMENT

Quantity	Description	Model #	Term	Monthly Payment (Quantity x \$165.00)	New or Used
	PRINTER	Xerox 8560/DT	24 Months	\$ _____, plus applicable taxes	

EQUIPMENT

Quantity	Description	Model #	Term	Monthly Payment (Quantity x \$199.00)	New or Used
	PRINTER	Xerox 8560MFP/D	24 Months	\$ _____, plus applicable taxes	

EQUIPMENT

Quantity	Description	Model #	Term	Monthly Payment (Quantity x\$189.00)	New or Used
	PRINTER	Xerox 6360/DN	24 Months	\$ _____, plus applicable taxes	

AUTHORIZATION

I hereby authorize FirstLease, Inc. or any credit bureau or other investigative agency employed by FirstLease to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

Date _____ Signature _____

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION
 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 FirstLease, Inc., 185 Commerce Dr, Unit 102, Fort Washington, PA 19034 (215) 283-9727 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

SUBMIT CREDIT APPLICATIONS BACK BY FAX OR EMAIL BELOW

Lisa Hartley
Fax (215) 283-9870
Email Lisa@firstleaseonline.com