

COMMERCIAL

EQUIPMENT FINANCING

FOR ALL CREDIT TYPES!

EASY TO APPLY!

SIMPLY COMPLETE OUR ONE PAGE CREDIT APPLICATION



APPLICATION ONLY UP TO \$1,000,000



SAME DAY APPROVALS



704.900.4133

LOGAN HARRELL



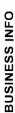
Lharrell@goleasing.com



NO MONEY DOWN +
DEFFERED PAYMENT OPTIONS



100% FINANCING



OWNERSHIP INFO

EQUIPMENT

ATTN: LOGAN HARRELL

T: 704.900.4133 E: Lharrell@goleasing.com

BUSINESS NAME							TELEPHONE			
STREET ADDRESS							FAX			
CITY/STATE/ZIP			COUNTY			MOBILE				
PE OF BUSINESS BUSINESS START DA			YRS UNDER CURRENT OWNERSHIP			FED. TAX I.D.				
LOCATION OF EQUIPMENT (STREET/CITY/STATE/ZIP/COUNTY)							HAS COMPANY/OWNER(S) EVER DECLARED BANKRUPTCY?			
CONTACT NAME		EMAIL ADDRESS			ANNUAL SAL		 ES		EXEMPT FROM STATE SALES/USE TAX?	
PROPRIETORSHIP PARTN	PROPRIETORSHIP PARTNERSHIP C-CORP			S-CORP LLC STATE OF		INCORPORATION				
By signing below, the undersigned in their affiliates, successors or its des and/or creditworthiness. Such author or extension of such credit or additio original. By signature below, I/we aff	ignee (and a rization shall nal credit an	any assignee or potential extend to obtaining a cr of for reviewing or collect	assignedit prof ing the i	ee thereof) t file in consid resulting acc	o obtain consu ering this appli ount. A photos	mer credit re ication and s tat or facsim	eports rela ubsequent	ting to his. ly for the p	her individual credit history purposes of update, renewal	
PRINCIPAL'S NAME					TITLE	% OF OWNERSHIP		SOCIAL SECURITY NUMBER		
DATE OF BIRTH	MOBILE PHONE EN				DDRESS					
HOME ADDRESS (STREET)	IOME ADDRESS (STREET) (CITY) (STATE) (2			DDE)	SIGNATURE:					
PRINCIPAL'S NAME					TITLE	% OF OWNE	RSHIP	SOCIAL S	ECURITY NUMBER	
DATE OF BIRTH	MOBILE PI	MOBILE PHONE EMAIL			DDRESS					
HOME ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)					SIGNATURE:					
PRINCIPAL'S NAME					TITLE	% OF OWNE	RSHIP	SOCIAL SI	ECURITY NUMBER	
DATE OF BIRTH	MOBILE PHONE			EMAIL AD	DRESS					
HOME ADDRESS (STREET) (CITY) (STATE) (ZIP CO				DDE)	SIGNATURE:					
PRINCIPAL'S NAME					TITLE	% OF OWNE	RSHIP	SOCIAL S	ECURITY NUMBER	
DATE OF BIRTH	MOBILE PH	HONE		EMAIL AD	DRESS					
HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CC	DDE)	SIGNATURE	E1				
Includ	е сору с	of first page of co	ompa	ny's mo	st recent 3	3 months	bank	statem	ents.	
LOAN/LEASING COMPANY ORIGINA			INAL LOAN/LEASE AMOUNT				TELEPHONE			
START DATE (MONTH/YEAR)		TERM/MON	RM/MONTHLY PAYMENT			ACCOUNT NUMBER				
LOAN/LEASING COMPANY ORIGINA			INAL LOAN/LEASE AMOUNT			TELEPHONE				
START DATE (MONTH/YEAR) TERM/MO			ONTHLY PAYMENT			ACCOUNT NUMBER				
EQUIPMENT COST (EXCLUSIVE OF SALES TAX) TERM						PAYMENT				
SUPPLIER OF EQUIPMENT CONTACT						PHONE NUMBER			NEW USED IF USED, YR. OF MFGR.	
EQUIPMENT DESCRIPTION (MFG., M	ODLE NUMB	BER., S/N, - ATTACH SALE	SORDE	ER IF AVAILA	BLE)	1				
		CREDIT REL	EASE	AUTHO	RIZATION					

I hereby certify that the information contained in this lease application is true and accurate and I hereby authorize our banks, trade references, and financial institutions the right to release credit information. In states where permissible, I hereby authorize the filing and recording of UCC financing Statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute Lessee's/debtors name thereto. A photostat copy of this authorization shall be as valid as the original.

SIGNATURE	TITLE	DATE

payer identification number that will allow us to identify you. We may also ask to see other identifying documents.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), 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. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580. 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 Lessor set forth above within 60 days from the date you are notified or our decision. We will send you a written statement of reasons for the denial within 30 days for receiving your request for the statement. Notice: To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify and record information that identifies each person (individuals or businesses) who opens an account. What this means for you: When you open an account or add any additional service, we will ask you for your name, address and tax-