

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



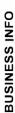
Lharrell@goleasing.com



NO MONEY DOWN +
DEFFERED PAYMENT OPTIONS



100% FINANCING



OWNERSHIP INFO

LOANS/LEASES

in the equ	
SIGNATU	F
The Federal I	_

**ATTN: LOGAN HARRELL** 

T: 704.900.4133 E: Lharrell@goleasing.com

BUSINESS NAME						TELEPHONE				
STREET ADDRESS					FAX					
CITY/STATE/ZIP C			coul	COUNTY		MOBILE				
TYPE OF BUSINESS	TYPE OF BUSINESS STA			TART DATE 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	RESS			ANNUAL SALES		EXEMPT FROM STATE SALES/USE TAX?			
PROPRIETORSHIP PARTN	ERSHIP [	C-CORP S-CO	S-CORP LLC STATE OF			NCORPORATION				
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 affi	ignee (and a rization shall nal credit ar	any assignee or potential extend to obtaining a cold for reviewing or collect	l assign redit pro ting the	nee thereof) ofile in consider resulting acc	to obtain consu lering this appli count. A photos	mer credit re ication and s tat or facsim	eports rela ubsequent	ting to his	her individual credit history purposes of update, renewal	
PRINCIPAL'S NAME			TIT			% OF OWNERSHIP SOCIAL SI		SOCIAL S	ECURITY NUMBER	
DATE OF BIRTH	MOBILE PI	HONE		EMAIL AD	DRESS					
HOME ADDRESS (STREET)	HOME ADDRESS (STREET) (CITY) (STATE) (ZIP CODE			ODE)	SIGNATURE:					
PRINCIPAL'S NAME					TITLE	% OF OWNE	RSHIP	SOCIALS	ECURITY NUMBER	
DATE OF BIRTH	MOBILE PHONE EMAI			EMAIL AD	DDRESS					
HOME ADDRESS (STREET)	(CITY) (STATE) (ZIP CODE)				SIGNATURE:					
PRINCIPAL'S NAME				TITLE	% OF OWNERSHIP SOCIAL SECURITY NUMB		ECURITY NUMBER			
DATE OF BIRTH	MOBILE PI	MOBILE PHONE EMAIL A				DRESS				
HOME ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)				SIGNATURE:						
PRINCIPAL'S NAME				TITLE	% OF OWNERSHIP SOCIAL SECURIT		ECURITY NUMBER			
DATE OF BIRTH	MOBILE PI	LE PHONE EMAIL ADDRESS								
HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP C	ODE)	SIGNATURE:					
Includ	e copy o	of first page of c	ompa	any's mo	st recent 3	3 months	bank	stateme	ents.	
LOAN/LEASING COMPANY ORIGINAL			INAL LOAN/LEASE AMOUNT				TELEPHONE			
START DATE (MONTH/YEAR) TERM/MONTH			/MONTHLY PAYMENT			ACCOUNT NUMBER				
LOAN/LEASING COMPANY ORIGIN			RIGINAL LOAN/LEASE AMOUNT			TELEPHONE				
START DATE (MONTH/YEAR)  TERM/MONTH			NTHLY	HLY PAYMENT		ACCOUNT NUMBER				
EQUIPMENT COST (EXCLUSIVE OF SALES TAX)  TERM			1			PAYMENT				
SUPPLIER OF EQUIPMENT CONTA			NTACT			PHONE NUMBER			NEW USED IF USED, YR. OF MFGR.	
EQUIPMENT DESCRIPTION (MFG., MODLE NUMBER., S/N, - ATTACH SALES ORDER IF AVAILABLE)										
		ODEDIT DEI								

## CREDIT RELEASE AUTHORIZATION

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-