



Equipment Lease Application

**Innovative Products
For An Innovative Industry**

LESSEE (EXACT LEGAL NAME)				DBA				
STREET ADDRESS			CITY		STATE		ZIP	TELEPHONE NO.
LOCATION OF EQUIPMENT			CITY		STATE		ZIP	FAX NO.
TYPE OF BUSINESS	GROSS ANNUAL SALES	YEARS IN BUSINESS	YEAR UNDER CURRENT OWNER		FEDERAL TAX ID NO. (IF ANY)			
PROPRIETORSHIP CORPORATION PARTNERSHIP LIMITED LIABILITY CO.							STATE OF INCORPORATION	

OWNERSHIP

PRINCIPAL #1 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO.		
STREET ADDRESS			CITY	STATE	ZIP	HOME TELEPHONE NO.
PERSONAL ANNUAL GROSS INCOME (Not including spouse)			MONTHLY MORTGAGE/RENT (Residence only)			
PRINCIPAL #2 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO.		
STREET ADDRESS			CITY	STATE	ZIP	HOME TELEPHONE NO.
PERSONAL ANNUAL GROSS INCOME (Not including spouse)			MONTHLY MORTGAGE/RENT (Residence only)			

BANK

BANK NAME	CONTACT NAME	CITY	CURRENT CHECKING BALANCE	TELEPHONE NO.
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.	LOAN NO.	

TRADES

COMPANY	CONTACT	TELEPHONE
		()
		()

DESIRED TERMS (Check one)

LEASE TERM IN MONTHS

12 24 36 48 60

PURCHASE OPTION

EQUIPMENT DEALER

DEALER NAME

Renew-Crete® Svstems

CONTACT PHONE 407-678-4885

EQUIPMENT COST

EQUIPMENT TYPE Decorative Concrete Tools

The undersigned individual who is ether a principal, a personal guarantor or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant hereby consents and authorizes Innovative Lease Services, Inc. or its designee the use of a consumer credit report on the undersigned, from time to time as may be needed.

X _____

AUTHORIZED SIGNATURE
DATE

ADDITIONAL INFORMATION

If the business has been in operation under present ownership for less than two years, or equipment cost exceeds \$75,000 please provide:

*Financial Statements or Tax Returns on Company for most recent two years and most recent Interim Financial Statement.
Please include an itemized quote, if available.

Fax completed application or mail to the address above:

FAX: 407-678-3275