


Capital Leasing Corp. Lease Application

Legal Name Of Business/Applicant	 CAPITAL LEASING CORP. David M. Barthel dbarthel@capitalleasingcorp.com 901.861.7500 (phone) 901.233.5320 (cell)
Tax ID State of Incorporation	
Billing Address	
City County State Zip	
Equipment Location	Equipment Vendor
City County State Zip	Address
Telephone Fax	City State Zip
Contact Name	Telephone
Contact Email	Contact Name

Please fax signed application to: **901.861.7570**

Equipment Description	Price \$
	Tax \$
	Total \$

24 36 48 60 Months Other _____	Expected Monthly Pmt \$ _____	No. of Advance Pmts 1 2
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Type of Business _____	Corporation _____ Proprietorship _____	Annual Revenues _____
Date Business Est. _____	Partnership _____ Non-Profit _____	Number of Employees _____

Primary Bank	Bank City, State		
Checking Acct. No.	Bank Telephone		
Savings Acct. No.			
Commercial Loan No.			
Trade References	Account No.	City, State	Telephone
#1			
#2			
#3			

C.B.R. RELEASE AND NOTICE OF RIGHTS

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Capital Leasing Corp. to obtain from third parties information it deems necessary to arrive at a decision regarding this Application. To help fight terrorism and money laundering, the information that you provide will be verified. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Capital Leasing Corp., its designee, assigns or potential assigns, to review his/her personal credit file provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to Capital Leasing Corp. by telephone or fax. A photocopy or fax of this information shall be valid as the original.

OWNER/PRESIDENT Print Name: Signature:	Ownership Percentage	Home Address: City, State, Zip and Home Phone	Social Security No. Date:
OFFICER Print Name: Signature:	Ownership Percentage	Home Address: City, State, Zip and Home Phone	Social Security No. Date:
OFFICER Print Name: Signature:	Ownership Percentage	Home Address: City, State, Zip and Home Phone	Social Security No. Date: