

Lease Application

Please fill out all information and fax back.



Stephanie Canales, Director of Financial Services
Fax: 303.673.9923
eFax: 303.339.9838
 Direct: 303.339.9832
 Email: stephc@globalimaginginc.com

CUSTOMER			
Legal Name	DBA	Years in Business	
Address		City, State, Zip	
Contact Name / Title	Business Phone	Business Fax	
Contact Email	Federal Tax ID	# of Employees	

Sole Proprietorship
 LLC
 Limited Partnership
 S Corporation
 General Partnership
 C Corporation

EQUIPMENT AND VENDOR			PAYMENT PLAN	
Vendor Name	Contact	Contact Phone		
Equipment Description (manufacturer/model)	Quantity	<input type="checkbox"/> NEW <input type="checkbox"/> USED		
Delivery Date	Equipment Cost	Total Cost		
Equipment Installation Address (if different from above)				

Lease Term

Lease Structure
 FMV \$1 OUT
 10% PUT Fixed Purchase

BANK REFERENCES AND 2 YEAR HISTORY			
Bank Name	City, State, Zip		
Contact Name	Contact Phone	Contact Fax	
Checking Account	Lease/Loan Account	Lease/Loan Terms	
Bank Name	City, State, Zip		
Contact Name	Contact Phone	Contact Fax	
Checking Account	Lease/Loan Account	Lease/Loan Terms	

OWNERS, PARTNERS & GUARANTORS				
Name	Title	% Ownership	Date of Birth	Ever Declare Bankruptcy? (Y/N)
Address	City, State, Zip		Home Phone	U.S. Citizen (Y/N)
Name	Title	% Ownership	Date of Birth	Ever Declare Bankruptcy? (Y/N)
Address	City, State, Zip		Home Phone	U.S. Citizen (Y/N)

"You," the "Applicant" (both terms include the business entity as well as all of the individuals named above), certify to us that you are applying for credit for business reasons, and not for personal, family or household purposes. Applicant authorizes Global Imaging Finance, its designates, affiliates, successors and assigns to obtain information from others concerning Applicant's credit and trade standing, including Applicant's personal credit report, and other relevant information impacting this application, and, if the Lease is approved, from time to time during the term of the transaction. In addition to the information requested on this application, may subsequently request additional information from Applicant. Important Information: Except as otherwise prohibited by law, you agree and consent that the Designates, affiliates, successors and assigns of Global Imaging Finance (collectively "GI Finance") may share all information about you that GI Finance has or may obtain for the purposes, among other things, of evaluating credit applications or offering you products or services that GI Finance believes may be of interest to you. Under the Fair Credit Reporting Act there is certain credit information that cannot be shared about you (unless you are a business) if you tell GI Finance by writing to Global Imaging Finance, designates, affiliates, successors and assigns. Attention: Office of Consumer Privacy, please provide your name, address, social security number and account number(s). As an authorized agent of the applicant company, you represent that you have reviewed this document and the information herein is true, correct and complete. A photo static copy of this authorization shall be as valid as the original. Ohio Residents Only: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law. New York Residents Only: A consumer report may be requested in conjunction with this application. Upon your request, you will be informed whether or not a consumer report was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. Subsequent consumer reports may be requested or utilized in connection with an update, renewal or extension of the credit for which this application is made. Vermont Residents Only: You authorize GI Finance, designates, affiliates, successors and assigns to obtain credit reports about you now and in the future for all legitimate purposes associated with this application or the account including, but not limited to: (a) evaluating this application; and (b) renewing, reviewing, modifying, and taking collection action on the account. Important Information About Procedures for Opening A New Account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, business documents, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

EQUAL CREDIT OPPORTUNITY ACT. 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 our Director of Financial Services at 2011 Cherry St. Ste. 116 Louisville, CO 80027 or (303) 996-1136, 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. NOTICE: 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 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 concerning this creditor is Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

COMPANY AUTHORIZED / GUARANTOR / OWNER / INDIVIDUAL SIGNATURES

Signature	Print Name	Date
Signature	Print Name	Date