Commercial Lease Application DEALER CODE

DEALER NAME (Equipment Supplier)

TimePayment The better way to sell.

DEALER REFERENCE #		Phone: 888•347•4993 Fax: 781•994•4775		
	*=	denotes required fields	www.TimePa	aymentCorp.com
LESSEE INFORMATIO		ŕ		
* LEGAL BUSINESS NAME		*TYPE OF BUSINESS:		
DBA NAME				PARTNERSHIP
* STREET ADDRESS		BILLING ADDRESS (if different):		
		NAME		
CITY	STATE ZIP	STREET ADDRESS		
BUSINESS PHONE	*YEARS IN BUSINESS			
	(required for business alone)		CTATE	710
	(required for business alone)	CITY	STATE	ZIP
INITIAL FUNDING IN	IFORMATION			
*EQUIPMENT TYPE:		*FILL IN <u>ONE</u> OF THE FOLLC		
		Base Monthly Paymt: S	5 for	Months (Term)
		OR Total Funded Amo	ount: \$	
DEALER INFORMATI	ON (Equipment Provider)			
		SALESPERSON:		
DEALER OFFICE.		SALESPERSON.		
*GUARANTOR INFO	RMATION (Include all owners to account f	for 100% of company owne	rship unless <u>Business</u>	<u>Alone</u>)
GUARANTOR INFORMATION 1				
SIGNER #1 NAME		STREET ADDRESS		
SS #	DATE OF BIRTH			
HOME PHONE	TITLE	CITY	STATE	ZIP
GUARANTOR INFORMATION 2				
SIGNER #2 NAME		STREET ADDRESS		
SS #	DATE OF BIRTH			
HOME PHONE	TITLE	CITY	STATE	ZIP
	hat this Equipment is being leased for busines istrued as a consumer contract. The undersigne			
	rect. TimePayment Corp. may retain the applic re authorized to check my credit and employm			
time of my application	n or thereafter in connection with the same tra	insaction or extension of credi	t and for the further pu	Irpose of reviewing
provide history inforn	ollection activity on the account, and skip tra- nation to others about my credit standing ar nies, outside collection agencies and outside at	nd your credit experience wit		
*APPLICANT #1		APPLICANT #2		
Authorized Signature				
		(if applicable)		

Print Name