

APPLICANT BUSINESS INFORMATION						
COMPANY LEGAL NAME & DBA IF APPLICABLE						
COMPANY ADDRESS	STREET	CITY	COUNTY	STATE	ZIP CODE	
TELEPHONE	FAX	EMAIL ADDRESS				
DATE OF INCORPORATION	YEARS IN BUSINESS	PROPRIETORSHIP	CORPORATION	PARTNERSHIP	LLC	
NATURE OF BUSINESS			FEDERAL TAX I.D. #			
BUSINESS BANK REFERENCES (MINIMUM THREE YEAR HISTORY)						
BANK NAME	ACCOUNT #	PHONE	OFFICER	DATE OPENED	CK	SV CD LOANS
LOAN AND TRADE REFERENCES						
FIRM NAME	TELEPHONE/FAX	OFFICER	CITY/STATE	HOW LONG?	HIGH CREDIT	
PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS						
NAME	TITLE	SS#	HOME TELEPHONE #			
ADDRESS						
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS)						
NAME	TITLE	SS#	HOME TELEPHONE #			
ADDRESS						
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS)						
VENDOR & EQUIPMENT INFORMATION						
VENDOR NAME						
ADDRESS	CITY		STATE	ZIP		
VENDOR PHONE #	VENDOR FAX #		VENDOR CONTACT			
EQUIPMENT TO BE LEASED			COST (WITHOUT TAX)			
NEW/USED (IF USED, YEAR MANUF)	LEASE TERMS		MONTHLY PAYMENT			
LOCATION OF EQUIPMENT						

By signing below, the undersigned individual as principal of and/or guarantor for the applicant authorizes Sable Leasing, LLC, its designee, assigns or potential assigns, to review his/her personal credit profile provided by the national credit bureaus in considering this application and for the purpose of update, renewal, or extension of credit to the applicant or the collection of any resultants accounts. A fax copy or photocopy of this authorization shall be valid as the original.

X _____
Signature

X _____
Signature

Date

Date