

R&L Financial Group, LLC.

114 Foxwood Dr.

Wexford, Pa 15090

724-934-8775 • 724-934-8759 (fax)

CREDIT APPLICATION

BUSINESS NAME/LESSEE				TELEPHONE	
ADDRESS (STREET)	(CITY)	(STATE)	(COUNTY)	(ZIP CODE)	
TYPE OF BUSINESS			(AGE OF BUSINESS)	FED. TAX NO.	
LOCATION OF EQUIPMENT (STREET)	(CITY)	(STATE)	(COUNTY)	(ZIP CODE)	

BUSINESS STRUCTURE

CORPORATION _____	LLC _____	OTHER _____
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OWNERSHIP

PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT DRIVER'S LIC. NO.
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT DRIVER'S LIC. NO.

BANK REFERENCES

BANK	ADDRESS (STREET)	(CITY)	(STATE)	FAX	TELEPHONE
ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	ORIGINAL BALANCE		CURRENT BALANCE	
BANK	ADDRESS (STREET)	(CITY)	(STATE)	FAX	TELEPHONE
ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	ORIGINAL BALANCE		CURRENT BALANCE	

TRADE REFERENCES

COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

EQUIPMENT

VENDOR				CONTACT	
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	TELEPHONE	
EQUIPMENT TO BE LEASED					
COST OF EQUIPMENT \$	TERMS OF LEASE MONTHS/PAYMENT			DEPOSIT RECEIVED \$	

See attached for Credit Released Authorization Form

CREDIT RELEASE AUTHORIZATION

The applicant certifies to R&L Financial Group, LLC that it is applying for credit for business purposes, and not for personal, family or home use.

Furthermore, by signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to R&L Financial Group, LLC., or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account.

Furthermore, this authorization provides authority to obtain other credit information, both corporate and personal, in regards to the following: banking and savings account of record; commercial/mortgage loan rating including opening date, high credit, term, payments, payment record and rating; equipment leasing or financing. A Photostat or facsimile copy of this authorization shall be valid as the original.

By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

By: _____

By: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____