



APPLICATION FOR CREDIT

100% financing

Preserve cash

Tax benefits

APPLICANT-BUSINESS INFORMATION

Company Name	Type: Corp. <input type="checkbox"/> Partn. <input type="checkbox"/> Sole prop. <input type="checkbox"/> LLC <input type="checkbox"/>	Phone #
Address	City State Zip	Fax #
Primary business function	# years current owner	Fed. Tax I/D
Equipment address if different then above	City State Zip	Phone #

OWNERSHIP

Name of Principal #1	Title	Social Security #	% Ownership
Home Address	City	State Zip	Phone #
Name of Principal #2	Title	Social Security #	% Ownership
Home Address	City	State Zip	Phone #

BUSINESS REFERENCES

Bank Name (Business checking/savings account)	Account #	Phone #	Contact
Trade Supplier/Creditor	Account # (if applicable)	Phone #	Contact
Trade Supplier/Creditor	Account # (if applicable)	Phone #	Contact
Landlord/Mortgagor	Monthly Rent/Mortgage	Phone #	Contact

EQUIPMENT & CREDIT TERMS INFORMATION

Dealer Name/Address	Phone #	Fax #	Contact
Equipment description (Attach itemized list if available)	New <input type="checkbox"/> Used <input type="checkbox"/>	Make/Model #	\$ Amount
Credit Terms:	24 mos. <input type="checkbox"/> 48 mos. <input type="checkbox"/> 36 mos. <input type="checkbox"/> 60 mos. <input type="checkbox"/>	Purchase Option: \$1.00 <input type="checkbox"/> 10% <input type="checkbox"/> FMV <input type="checkbox"/>	Monthly Payment
	Advance Payment: 1 <input type="checkbox"/> 1+1 <input type="checkbox"/> 1+10% <input type="checkbox"/>		

IMPORTANT: I authorize you to investigate my credit: Signature: _____ Date _____

CALL, FAX OR MAIL: (voice) 800-237-8532 (fax) 800-863-1394

CONTACT: STEVE JOSKOWITZ

VISIT US ON THE WEB www.best-lease.com

172 Rudgear Drive Walnut Creek CA, 94596