



699 Presidents Place, Suite 402  
 Smyrna, TN 37167  
 888-326-4840 fax: 615-459-7227  
[www.powder-x.com](http://www.powder-x.com)

(Important to list legal name of entity)

COMPANY NAME \_\_\_\_\_ TAX I.D./SOCIAL SECURITY NUMBER \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_ # OF YEARS IN BUSINESS \_\_\_\_\_  
 Non-profit  Proprietorship  Partnership  Corporation  LLC

EQUIPMENT LOCATION \_\_\_\_\_ (Complete only if different from Lessee's billing address)

SAME \_\_\_\_\_  
 Term of Lease (Circle One) \_\_\_\_\_ Purchase Option (Circle One) \_\_\_\_\_  
**12 24 36 48 60 72 84** **\$1.00 Buyout 10% Buyout**

VENDOR/SUPPLIER COST \_\_\_\_\_ EQUIPMENT COST \_\_\_\_\_  
 VENDOR NAME \_\_\_\_\_ CONTACT PERSON & PHONE # \_\_\_\_\_

EQUIPMENT TO BE LEASED (Attach separate list if necessary) \_\_\_\_\_ DESCRIPTION / New/Used, Year, Hours, Attachments, etc. \_\_\_\_\_

**COMPANY BANK OR FINANCE REFERENCES - TWO YEAR HISTORY (Important to establish any loan history)**

NAME OF BANK/BRANCH	HOW LONG	CHKG. ACCT #	TELEPHONE NUMBER/FAX	CONTACT OFFICER
		LOAN ACCT. #		
NAME OF BANK/BRANCH	HOW LONG	CHKG. ACCT #	TELEPHONE NUMBER/FAX	CONTACT OFFICER
		LOAN ACCT. #		

**TRADE/FINANCE REFERENCES - TWO YEAR HISTORY (Important to establish high credit and payment history)**

NAME OF SUPPLIER & ACCOUNT #	TELEPHONE NUMBER FAX NUMBER	CONTACT PERSON
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I/We hereby authorize and direct, with full release of liability, all above references to furnish Powder-X and it's affiliates full & complete banking and credit experience, including approximated balances in my/our checking and /or savings accounts, and any loan payment history. 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 Powder-X, it's affiliates or its assigns ( and any assignee or potential assignee thereof) authorizing review of his/her personal profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorizaion shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in this application.

**PERSONAL INFORMATION ON OWNER(S)/GUARANTORS**

NAME	TITLE	% OWNER	SOCIAL SECURITY NUMBER	<b>SIGNATURE REQUIRED</b>	<i>Date</i>
				<b>X</b>	
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE NUMBER	
NAME	TITLE	% OWNER	SOCIAL SECURITY NUMBER	<b>SIGNATURE REQUIRED</b>	<i>Date</i>
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE NUMBER	

**WE LEASE NEW & USED COMMERCIAL/INDUSTRIAL EQUIPMENT**