Atlas
Small Business Finance

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LEASE APPLICATION

TODAY'S DATE: _____ ACCOUNT EXECUTIVE: **Robert Bustillo - Jose J. Nunez Jr.**

COMPLETE LEGAL NAME OF BUSINESS	☐ SOLE PROPRIETOR ☐ LLC ☐ PARTNERSHIP ☐ NON-PROFIT ☐ "S" CORPORATION ☐ "C" CORPORATION

TYPE OF BUSINESS	ANNUAL SALES OF BUSINESS	NUMBER OF YEARS IN BUSINESS	FEDERAL TAX ID NUMBER
	$		

MAILING ADDRESS OF BUSINESS	CITY	STATE	ZIP	COUNTY

WHERE EQUIPMENT WILL BE LOCATED	CITY	STATE	ZIP	COUNTY

PHONE NUMBER	FAX NUMBER	PERSON(S) TO CONTACT

HAS THE BUSINESS OR ANY PRINCIPAL / OWNER EVER DECLARED BANKRUPTCY?
☐ YES ☐ NO IF YES, PLEASE DESCRIBE:

IS THE BUSINESS OR ANY PRINCIPAL / OWNER A PARTY T O ANY LIEN OR LAWSUIT?
☐ YES ☐ NO IF YES, PLEASE DESCRIBE:

PURPOSE OF LEASE/LOAN:

AUTHORIZING OFFICERS / TITLE	% OWNED	SOCIAL SECURITY	DATE OF BIRTH	HOME ADDRESS & PHONE NUMBER
TITLE:				TELEPHONE:
TITLE:				TELEPHONE:

BANK NAME	BUSINESS ACCOUNT #	AVG. BALANCE	CONTACT & PHONE NUMBER
		$	TELEPHONE:

TRADE REFERENCES	ACCOUNT # / TELEPHONE / CONTACT

INSURANCE AGENT	CONTACT / PHONE NUMBER

LANDLORD NAME	CONTACT / PHONE NUMBER

EQUIPMENT TO BE FINANCED

SUPPLIER NAME SUPPLIER ADDRESS

SUPPLIER PHONE NUMBER SUPPLIER FAX NUMBER SUPPLIER CONTACT

TYPE OF EQUIPMENT	APPROXIMATE COST OF EQUIPMENT	AGE OF EQUIPMENT	MODEL YEAR (If Used)
(Please include copy of equipment order, if possible)	$	☐ NEW ☐ USED	
	LEASE/FINANCE TERM IN MONTHS (Check One)	RESIDUAL (Check One)	
	☐ 12 ☐ 24 ☐ 36 ☐ 48 ☐ 60	☐ $1.00 ☐ 10% ☐ Fair Market Value	

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 Atlas Small Business Finance ("Atlas SBF") 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 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 authorization shall be valid as the original. Each of the undersigned affirms their identity as the respective individual(s) identified in the application received.

By: _____
Authorizing Officer

_____
Print Name

By: _____
Authorizing Officer

_____
Print Name