

Please **FULLY** complete the following information and fax to Lease Corporation of America at **800.736.0218**

Vendor Information

Vendor Legal Name		Vendor DBA Name		Business Telephone Number	Fax Number
Vendor Physical Address (no PO Boxes)		City	State	ZIP Code	Company Web Site
Key Contact		Key Contact Title		Fed ID Number / Social Security Number	
Key Contact Email Address			Key Contact Telephone Number		Check here if you do not wish to receive <input type="checkbox"/> promotions via email
Check One Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> Other <input type="checkbox"/>					
Number of Employees		Years In Business		Home-Based Business <input type="checkbox"/> Yes <input type="checkbox"/> No	
Average Monthly Volume					

Principal Information

Principal 1 Name		Title		Social Security Number	
Address		City	State	ZIP Code	
Principal 2 Name		Title		Social Security Number	
Address		City	State	ZIP Code	

About Your Business

Average # of Transactions/Month	Dollar Range of Transactions
Percentage of Transactions Financed	Number of Equipment Suppliers Served Regularly

Equipment Specialties	% of Total Volume	Manufacturer Rep Name	Phone
1.			
2.			
Current Lease Company Name	<input type="checkbox"/> Satisfied Reason:	<input type="checkbox"/> Unsatisfied	Average Monthly Volume
Current Lease Company Name	<input type="checkbox"/> Satisfied Reason:	<input type="checkbox"/> Unsatisfied	Average Monthly Volume

ACH Information (Please attach copy of Voided Check)

Name on Bank Account	Name of Bank	Type of Account	Bank Account Number	ABA Routing Number
Bank Address	City	State	ZIP Code	Bank Telephone Number
				Bank Contact Name

Vendor and/or Principal(s) hereby request and authorize Lease Corporation of America ("LCA") or its agents or assigns to investigate Vendor and/or Principal(s) credit. Vendor and/or Principal(s) warrant that the information submitted herein is true and correct. If any lease application is submitted by vendor on behalf of a potential customer of Vendor which does not contain authorized signatures of all parties thereto authorizing LCA's credit investigation of such applicants, Vendor hereby represents and warrants that, prior to submitting such application, it will have obtained the written authorization for LCA to investigate the credit of such applicants and Vendor further covenants that it will retain such authorizations on file making them available to LCA at LCA's reasonable request. Also, Vendor agrees to provide LCA with information it has concerning any lease applicant. Vendor further represents that any information so submitted is true and correct to the best of its knowledge. Further, Vendor understands LCA reserves the right to reverse any credit decision if the information contained herein found to be incorrect. Vendor agrees to be bound by Michigan law and the jurisdiction of Michigan courts, state and federal, for the resolution of any dispute arising between LCA and Vendor. Vendor also hereby acknowledges receipt of a copy of this application. Vendor and/or Principal(s) authorize LCA and its assignees and the aforementioned financial institution to deposit all funds payable to me automatically to vendor checking account(s). Vendor also permits adjusting entries, as they may be required. Vendor and/or Principal(s) understand that Direct Deposit may be altered by providing three weeks written notice to LCA and its assignees. Vendor and/or Principal(s) further certify that the information provided above is true. Faxed signatures shall be considered as fully enforceable valid signatures as if the signature were the initial signature as of the date executed.

Principal 1 Signature X	Printed Name	Title	Date
Principal 2 Signature X	Printed Name	Title	Date