

Alternative Finance, Inc.

40 Whitman Dr
North Kingstown, RI 02852-1035

Business Lease Application

Fax To: 800-311-3710

Tel: 800-683-5531

Lessee Information	Full Legal Name of Business			Date
	Trade Name or DBA (If Any)			
	Telephone	Fax		E-Mail Address
	Lessee's Billing Address		City	State Zip Code
	Equipment Location (If Different)		City	State Zip Code
	Years in Business	Years Under Present Control	Nature of Operations	
	<input type="radio"/> Sole Proprietor <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Non-Profit			Federal Tax ID#

Principals	Principal's Full Name		Title	Social Security #
	Complete Home Address (City, State, Zip)			Home Telephone
	Principal's Full Name		Title	Social Security #
	Complete Home Address (City, State, Zip)			Home Telephone

Banks	Bank Name	Account Number	Telephone Number
	Bank Name	Account Number	Telephone Number

Trade Refs	Company Name	Contact	Telephone Number
	Company Name	Contact	Telephone Number
	Company Name	Contact	Telephone Number

Equipment	Brief Equipment Description (Attach equipment proposal or an invoice if available)			
	Equipment Cost Without Tax	Lease Factor	Monthly Pmt Without Tax	Requested Lease Term
	Advance Payment/Amount	Purchase Option	Special Instructions (if any)	
	Supplier/Contact		Supplier Telephone	Supplier Fax

Signature	I certify that this Lease Application is a business transaction initiated by each of the above parties, acting individually and on behalf of the business applicant, and that all information given is true and correct. You and your designees are authorized to investigate the credit worthiness of each party, and obtain any information that you deem necessary from banks, creditors, third parties, and, pertaining to any individuals, from national consumer credit reporting agencies. A fax or photocopy of this certification shall be valid as the original.		
	Authorized Signature: X	Title:	Date: