



CORPORATE INFORMATION:	VENDOR INFORMATION:
COMPANY _____	VENDOR NAME _____
DBA NAME _____	STREET _____
STREET _____	CITY _____ STATE _____ ZIP _____
CITY _____ STATE _____	PHONE _____
CONTACT _____ ZIP _____	FAX # _____
PHONE _____ FAX _____	SALES REPRESENTATIVE _____
EMAIL _____	EMAIL _____
WEB ADDRESS _____	WEB ADDRESS _____
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC	
DATE ESTABLISHED _____	TYPE OF BUSINESS _____
	FED TAX ID # _____

EQUIPMENT INFORMATION:		
EQUIPMENT COST _____	TERM _____	OPTION _____
<small>(excluding sales tax)</small>		
EQUIP. LOCATION _____	COUNTY _____	
<small>(if different from above)</small>		
EQUIPMENT DESCRIPTION _____		
<small>(mfg./make/model)</small>		

TRADE REFERENCE:		
COMPANY _____	CONTACT _____	PHONE _____
COMPANY _____	CONTACT _____	PHONE _____
COMPANY _____	CONTACT _____	PHONE _____

BANK REFERENCE:	CREDIT REFERENCE (LEASE OR LOAN):
BANK _____	CREDITOR _____
ACCT. # _____	ACCT. # _____
CONTACT _____	CONTACT _____
PHONE _____	PHONE _____
<small>(if account less than 2 years please provide previous bank information)</small>	<small>(Provide only if requested amount is over \$50,000.00)</small>

OWNER / STOCKHOLDER INFORMATION:	
NAME _____	NAME _____
STREET _____	STREET _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
TITLE _____ SS# _____	TITLE _____ SS# _____

AUTHORIZATION TO RELEASE INFORMATION:	
<p>By signing below, the undersigned individual, who is either a principal of the credit applicant or a guarantor of it's obligations, provides this written instruction to Ramsgate Leasing Systems, it's assigns or nominees, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signing below, I/we affirm our identity as the respective individuals identified in the related application.</p>	
Owner/Stockholder Signature _____	Date _____
Owner/Stockholder #2 Signature (if applicable) _____	Date _____