



## LEASE APPLICATION

<b>CUSTOMER INFORMATION</b>	<b>SALESPERSON</b>
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Lessee's Exact Registered Name Including any D.B.A.				Taxpayer Identification Number	
Lessee's Address	City	County	State	Zip	
Corp., Partnership, Proprietorship	State of Incorporation	Years in Business (Present Ownership)	Contact Person		
		(    )	(    )		
Brief Description of the Business		Telephone #	Fax #		

<b>VENDOR INFORMATION—If more than one vendor, attach a separate sheet</b>
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Vendor Name	Contact Person	(    ) Telephone #	(    ) Fax #		
Vendor Address	City	County	State	Zip	

<b>EQUIPMENT INFORMATION—Attach a separate sheet if necessary</b>
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Quantity	Manufacturer/Model/Description	Serial Number	Equipment Cost	
			\$	Lease Term (months) 24 ___ 36 ___ 48 ___ 60 ___
			\$	End of Lease Option FMV ___ 10% PUT ___ \$1OUT ___

<b>BANK REFERENCES – TWO YEAR HISTORY</b>
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	Loan Acct. # _____	Telephone # (    ) _____
1. Bank Name, City/State	Checking Acct.# _____	Contact Person _____
	Loan Acct. # _____	Telephone # (    ) _____
2. Bank Name, City/State	Checking Acct.# _____	Contact Person _____

<b>PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS</b>
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Name	Title	% Ownership	Social Security Number	Spouse's Name (if any)
				(    )
Home Address	City	State	Zip	Home Phone Number
Name	Title	% Ownership	Social Security Number	Spouse's Name (if any)
				(    )
Home Address	City	State	Zip	Home Phone Number

**EQUAL CREDIT OPPORTUNITY ACT NOTICE:** IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THE DENIAL. TO OBTAIN THE STATEMENT, PLEASE CONTACT OUR CHIEF CREDIT OFFICER, 11100 WAYZATA BOULEVARD, SUITE 801, MINNETONKA, MN 55305 (612-936-0226 EXT 7407) WITHIN 60 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580.

RELEASE: BY COMPLETING THIS CREDIT APPLICATION AND SUBMITTING BY EITHER FAX OR E-MAIL, LESSEE HEREBY CONSENTS AND AUTHORIZES TCF EXPRESS LEASING AND ITS AGENTS TO OBTAIN BOTH COMMERCIAL AND CONSUMER CREDIT BUREAU REPORTS AND MAKE OTHER CREDIT INQUIRIES THAT IT DETERMINES NECESSARY. LESSEE ALSO AUTHORIZES THE RELEASE OF CHECKING, LOAN AND OTHER PERTINENT CREDIT INFORMATION, BY WHOMEVER HELD, TO TCF EXPRESS LEASING.

Signature: \_\_\_\_\_ Print Name and Title \_\_\_\_\_ Date \_\_\_\_\_

**E-MAIL SUBMISSION MUST BE MADE BY AUTHORIZED REPRESENTATIVE OF LESSEE WHOSE NAME AND TITLE APPEAR ABOVE.**