



Return to
 Steve Richards
 Fax to 937-473-5990
 steve@accordlease.com

APPLICANT INFORMATION					
Legal Business Name or Farm Name				Phone	
Address (Street, R.R. - no PO Box)				Fax	
City		County		State	Zip
Type of Business or Farm		Equipment Location (if different than above)			Contact
Corporation <input type="checkbox"/> C <input type="checkbox"/> S	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Federal Tax ID Number		State of Incorp.
# of Acres owed	# Rented Acres	Real estate worth		Amount owed on real estate	Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No
PRINCIPAL INFORMATION (President, Owner or Partners)					
Name 1			Title & D.O.B		Social Security #
Home Address		City		State	Zip
Name 2			Title & D.O.B		Social Security #
Home Address		City		State	Zip
BANKING INFORMATION					
NAME / BRANCH		CITY/STATE		CHK. ACT. #	PHONE
TOTAL ASSETS & TOTAL LIABILITIES INFORMATION					
Total Assests Amount		Total Liabilities Amount			Net Worth
TRADES OR FINANCE REFERENCES (Include other Business Leases, Loans & Suppliers)					
NAME		CITY/STATE		ACCT #	PHONE
Landlord/Mortgagor		City/State		Yrs at Location	Phone
VENDOR / EQUIPMENT INFORMATION					
Name				Phone	Contact
Address		City		State	Zip
Equipment To Be Leased - Description					
<input type="checkbox"/> Used <input type="checkbox"/> New	Term (months)	Advance Payments	Buyout Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1		SalesTax Rate (%)
Total Cost (Without Tax)					

By signing below, each undersigned individual(s), who is either a principle of the credit applicant listed above or a personal guarantor of its obligations authorizes the release of any credit information for the company and individuals listed above including credit bureau reports, loan, lease, checking, saving and trade accounts to Accord Financial Group and/or its assignees or potential assignees. Such authorization shall extend to obtaining a personal credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as valid as the original. Applicant warrants that the information stated above is true and correct.

Signature #1: _____ Date _____ Signature #2: _____ Date _____