

1 West Ames Court  
 Suite 101  
 Plainview, NY 11803



Phone: 800-645-3535  
 Fax: 516-576-1100  
 www.macrolease.com

# Macrolease Lease Application

| APPLICANT INFORMATION   |  |                        |                          |                                 |
|---|--|------------------------|--------------------------|---------------------------------|
| BUSINESS LEGAL NAME AND DBA IF APPLICABLE   |  |                        | FED. I.D. NO. (IF CORP.) |                                 |
| CONTACT PERSON  |  | BUSINESS PHONE         |                          | FAX                             |
| CELL PHONE  |  | EMAIL ADDRESS          |                          | WEBSITE                         |
| BUSINESS ADDRESS  |  | CITY                   | COUNTY                   | STATE ZIP                       |
| BUSINESS DESCRIPTION  |  |                        | MONTHLY EFT'S            |                                 |
| STRUCTURE OF COMPANY<br><input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> 501 (c) 3 <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP |  | BUSINESS OPEN HOW LONG |                          | HOW LONG BY THIS OWNER          |
|   |  |                        |                          | HOW LONG AT THIS ADDRESS        |
| PERSONAL/OWNERSHIP INFORMATION  |  |                        |                          |                                 |
| OWNER/OFFICER/PARTNER   |  | TITLE                  |                          | % OWNERSHIP SOCIAL SECURITY NO. |
| HOME ADDRESS  |  | CITY                   | STATE                    | ZIP HOME PHONE                  |
| OWNER/OFFICER/PARTNER   |  | TITLE                  |                          | % OWNERSHIP SOCIAL SECURITY NO. |
| HOME ADDRESS  |  | CITY                   | STATE                    | ZIP HOME PHONE                  |
| OWNER/OFFICER/PARTNER   |  | TITLE                  |                          | % OWNERSHIP SOCIAL SECURITY NO. |
| HOME ADDRESS  |  | CITY                   | STATE                    | ZIP HOME PHONE                  |
| CREDIT INFORMATION  |  |                        |                          |                                 |
| BANK NAME   |  | ACCOUNT NO.            |                          | CHECKING SAVINGS LOAN           |
| BRANCH ADDRESS  |  | CONTACT                |                          | PHONE FAX                       |
| ACTIVE LEASES   |  | ACCOUNT NO.            | CONTACT                  | PHONE EQUIPMENT LEASED          |
| ACTIVE LEASES   |  | ACCOUNT NO.            | CONTACT                  | PHONE EQUIPMENT LEASED          |
| PAID IN FULL LEASES   |  | ACCOUNT NO.            | CONTACT                  | PHONE EQUIPMENT LEASED          |
| EQUIPMENT INFORMATION   |  |                        |                          |                                 |
| VENDOR  |  | CONTACT                |                          | ADDRESS PHONE                   |
| LOCATION OF EQUIPMENT (IF DIFFERENT THAN ABOVE)   |  |                        |                          |                                 |
| EQUIPMENT TYPE (ATTACH QUOTE OR PROPOSAL)   |  |                        |                          |                                 |
| PRICE OF EQUIPMENT  |  | LEASE TERM             |                          | PURCHASE OPTION                 |
| \$ _____  |  | _____ MONTHS           |                          |                                 |
| OTHER INFORMATION / REMARKS   |  |                        |                          |                                 |
| INSURANCE CARRIER PROVIDING COVERAGE  |  | AGENT                  |                          | ADDRESS PHONE                   |
| LANDLORD  |  | ADDRESS                |                          | PHONE                           |
| IS THERE ANY OTHER INFORMATION THAT WE SHOULD KNOW ABOUT THIS BUSINESS  |  |                        |                          |                                 |

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Macrolease Corporation to obtain from third parties, information it deems necessary to arrive at a decision regarding this application. To help fight terrorism and money laundering, the information will be verified. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Macrolease Corporation, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to Macrolease Corporation, its designee, assigns or potential assigns by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

**RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT)**

Creditor's Name: Macrolease Corporation  
 Creditor's Address: 1 West Ames Court, Plainview, New York 11803

| MACROLEASE OFFICE USE ONLY   |
|------------------------------|
| Macrolease Salesperson _____ |

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 Macrolease Corporation 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.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, natural 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 new law concerning this creditor is **FEDERAL DEPOSIT INSURANCE CORPORATION, Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, Mo. 64108-2638**

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_