

FOUNTAIN LEASING, LLC

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LEASE APPLICATION

Lessee: _____ Address: _____ City: _____ County: _____ St: _____ Zip: _____ Contact: _____ Phone: _____	SUPPLIER OF EQUIPMENT Supplier: _____ Address: _____ City: _____ St: _____ Zip: _____ Sales Person: _____ Phone: _____
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2. EQUIPMENT TO BE LEASED (Attach Seperate List if Necessary) E Q U I P M E N T See Exhibit A New: <input type="checkbox"/> Used: <input type="checkbox"/>	Factor: _____ Equipment Cost: _____ Payment: _____ Filing Fee: _____ Tax: _____ Total: _____
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NAME AND ADDRESS OF INSURANCE AGENT Insuror: _____ Contact: _____ Phone: _____	Term in Months	Lease Payment Amt: Payments of _____ Payable _____
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Check For This Amount Must Accompany Lease Application. _____ (Includes Fees, and State and County Taxes as Required)	SECURITY DEPOSIT(S) _____ FOR _____ MONTH(S) (To Be Applied To Last Rentals Due)	OWNER OF PREMISES: _____
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Business Type: Corporation: <input type="checkbox"/> Proprietorship: <input type="checkbox"/> Partnership: <input type="checkbox"/> LLC: <input type="checkbox"/>	Nature of Business: _____ # of years in business: _____	Applicant SSN: _____ Applicant DOB: _____ Spouse SSN: _____ Spouse DOB: _____ Home Address: _____
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BANKS: 1. _____ Contact: _____ PH: _____ Address: _____ 2. _____ Contact: _____ PH: _____ Address: _____	3. _____ Contact: _____ PH _____ Address: _____ 4. _____ Contact: _____ PH _____ Address: _____
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TERM DEBT and/or TRADE 1. _____ Address: _____ Phone: _____ 2. _____ Address: _____ Phone: _____	3. _____ Address: _____ Phone: _____ 4. _____ Address: _____ Phone: _____
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Additional Provisions _____	THE UNDERSIGNED CERTIFIES THAT THE INFORMATION WITHIN THIS APPLICATION AND SUPPORTING FINANCIAL STATEMENTS ARE TRUE AND CORRECT. THE UNDERSIGNED ALSO AUTHORIZES THE RELEASE OF ANY AND ALL CREDIT INFORMATION. X _____
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AUTHORIZED SIGNATURE (TITLE)