



# LEASE APPLICATION

**ADDRESS** 10712 South 1300 East, Sandy, UT 84094

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**FAX** (801) 566.7049

**WEB** www.medonegroup.com

## LESSEE INFORMATION PLEASE USE THE FULL LEGAL NAME

COMPANY NAME & DBA		ADDRESS, CITY, STATE, ZIP	
FEDERAL TAX ID#		PHYSICAL LOCATION OF EQUIPMENT Complete only if equipment will not be located at Lessee's billing address	
PHONE	WEBSITE	CONTACT PERSON	TITLE
<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit			
BUSINESS TYPE		PARENT COMPANY (if applicable)	

## PERSONAL INFORMATION ON MAJORITY STOCKHOLDERS/OWNERS

NAME	TITLE	% OF OWNERSHIP	SSN
HOME ADDRESS, CITY, STATE, ZIP		PHONE	SIGNATURE
NAME	TITLE	% OF OWNERSHIP	SSN
HOME ADDRESS, CITY, STATE, ZIP		PHONE	SIGNATURE

## COMPANY BANKING REFERENCES - MUST HAVE TWO YEAR HISTORY (Important to establish any loan history)

BANK NAME / BRANCH	YEAR ESTABLISHED	ACCOUNT #	PHONE	CONTACT OFFICER
PREVIOUS BANK (IF ACCOUNT IS LESS THAN 2 YRS. OLD)	YEAR ESTABLISHED	ACCOUNT #	PHONE	CONTACT OFFICER

## TRADE REFERENCES AND OTHER LEASES

NAME OF SUPPLIER	CITY, STATE, ZIP	PHONE	CONTACT PERSON
NAME OF SUPPLIER	CITY, STATE, ZIP	PHONE	CONTACT PERSON

## EQUIPMENT TO BE LEASED

		<input type="checkbox"/> 12 Month <input type="checkbox"/> 24 Month <input type="checkbox"/> 36 Month <input type="checkbox"/> 48 Month <input type="checkbox"/> 60 Month		
QUANTITY	DESCRIPTION	LEASE TERM		
VENDOR NAME	VENDOR ADDRESS, CITY, ST, ZIP	VENDOR PHONE	EMAIL	

## AUTHORIZATION

Each person signing: (1) authorizes Med One Capital or its designee (and any assignee or potential assignee thereof) (collectively, "Med One") to obtain and to review his or her personal credit profile from a national credit bureau in connection with this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account; (2) authorizes all deposit, borrowing, and trade information to be released to Med One; (3) certifies that this application seeks equipment financing for commercial and/or business purposes only, and not for personal, family or household use; and (4) represents all information in this application, and in each document submitted in connection herewith is true, correct and complete. A photo static or facsimile copy of this authorization shall be as valid as the original.

APPLICANT SIGNATURE	PRINT NAME	TITLE	DATE
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