

Customer Information Form



Michael Muirhead
 5786 Widewaters Parkway
 DeWitt, NY 13214
 Direct Phone 866-282-2869
 Fax 800-248-4348
 mmuirhead@leaseoptions.com

Applicant Information

Legal Business Name		Phone	
Trade Name		Fax	
Billing Address		Years in Business	Number of Locations
City, State, Zip	Cell Phone #	Email	
Contact Person	Federal ID #	Business Structure (<i>Corp, LLC, Prop, etc.</i>)	

Personal Information of Officers/Partners/Owners

Name	Home Address, City, State, Zip	Title	SSN
Name	Home Address, City, State, Zip	Title	SSN

Vendor Information

Equipment Information

Name of Vendor	Equipment Cost
Equipment Type(s)	Physical Address of Equipment (if different than above)
Sales Rep	
Phone	Term of Request: 24mo 36mo 48mo 60mo

Banking References

Bank Name	Account Number	Phone ()	Fax ()	Contact Person
Bank Name	Account Number	Phone ()	Fax ()	Contact Person

Trade References

Trade Name	Account Number	Phone ()	Fax ()	Contact Person
Trade Name	Account Number	Phone ()	Fax ()	Contact Person

Statement

Customer authorizes PortNexus Leasing ("PNL") or its assigns to request, verify and review data or information about the customer, its officers, partners, owners and guarantors including reports from agencies and information from references. PNL is authorized to give credit information about customer to others. All information provided herein is correct and complete. If business credit is denied, customer has the right to a written statement of the specific reasons for the denial. To obtain this statement, please contact PNL at address shown above within 60 days of a denial. A fax or photocopy of this authorization shall be valid as the original.

Signature:	Print Name & Title:	Date:
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