

Capital Mailing Equipment Inc.

New-Pre-Owned-Supplies

LEASE APPLICATION

Questions Phone (toll free) 877-836-7774

	BUSINESS INF	ORMATION			
Business Name		Type of Business			
Business Address		City	State	Zip	County
Contact	Title	Phone Number		Email	
Business Structure:	C-Corp. O S-Corp. O Partnership. O Proprietorship O Non-Profit O L.L.C. O	State of Incorporation	I	Date Business Estal	olished/Yrs in Business
Federal Tax I.D. #	Corp State ID #	Exempt from State Sa Yes O No O (I		? a copy of exemptio	n certificate)

Location of Equipment (if different than business address)

OWNER INFORMATION

"You," the "Applicant" (both terms include the business entity as well as all of the individuals named above), certify to us that you are applying for credit for business reasons, and not for personal, family or household purposes. Applicant authorizes Sales Support, Inc. and any Lender to obtain information from others concerning Applicant's credit and trade standing, including Applicant's personal credit report, and other relevant information impacting this application, and if the Lease is approved, from time to time during the term of the Lease. In addition to the information requested on this application. Sales Support, Inc. and/or Lender may subsequently request additional information from Applicant. **IMPORTANT INFORMATION**: **Except as otherwise prohibited by law, you agree** and **consent that the affiliates for the Lender may share with each other all information about you that the Lender has or may obtain for the purposes, among other things, of evaluating credit applications. Or offering you products or services that the Lender believes may be of interest to you. Under the Fair Credit Reporting Act there is certain credit information that cannot be shared about you (unless you are a business) if you tell the Lender in writing. As an authorized agent of the applicant company, you represent that you have reviewed this document and the information herein is true, correct and complete. A photo static copy of this authorization shall be as valid as the original. Ohio Residents Only**: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit eporting agencies maintain separate credit histories on each individual yon request. The Ohio civil rights commission administers compliance with this law. **New York Residents Only**: A consumer report may be requested in conjunction with this application. Upon you request, you will be informed whether or not a consumer report was requested and if such report Residents **Only**: You authori

Owner's Name/Title		% Ownership	Home Phone Number	Social Security Number	Social Security Number	
Home Address, City, State, Zip		Date of Birth		URE		
Owner's Name/Title		% Ownership	Home Phone Number	Social Security Number		
Home Address, City, State, Zip		Date of Birth		URE		
	BA	NK REFERE				
Bank Name	Checking Acco		Savings Account Numb	er Loan Account Number		
Branch/City, State Contact Offic		r	Phone Number	Fax Number	Fax Number	
Bank Name	Checking Acco	ount Number	Savings Account Numb	er Loan Account Number		
Branch/City, State	Contact Officer		Phone Number	Fax Number	Fax Number	
			G) REFERENCES			
Company Name	Contact	BITLEASIN	Account Number	Phone Number		
Company Name	Contact		Account Number	Phone Number	Phone Number	
Company Name	Contact		Account Number	Phone Number		
Company Name	Contact		Account Number	Phone Number		
	TRAN	ISACTION S				
Equipment Cost (exclusive of sales tax)		Term	Paymen	t Purchase Option		
Supplier of Equipment	Contact	1	Phone Number	New O Used O If used, yr. of mfg		
	1					

Equipment Description (Mfg., Model Number., S/N, - Attach Sales Order if Available)

CREDIT RELEASE AUTHORIZATION

I hereby certify that the information contained in this lease application is true and accurate and I hereby authorize our banks, trade references, and financial institutions the right to release credit information. By submitting this lease application, Applicant authorizes Sales Support, Inc., and any assignee of this lease application or any resulting lease or financing agreement, at any time and from time to time, to discuss and disclose to each other the information obtained on or in connection with this lease application is submitted solely for business and commercial purposes, and not for personal, family or household purposes. A photostat copy of this authorization shall be as valid as the original.

SIGNATURE

Title ____

Date _

EQUAL CREDIT OPPORTUNITY ACT: 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 Sales Support, Inc., phone: 815-477-2220 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, national 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 law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.