

TCP

LEASE APPLICATION

 FIRM NAME (CLIENT) () TELEPHONE

 ADDRESS (Street) (CITY) (STATE) (ZIP) () FACSIMILE

 YEAR FIRM ESTABLISHED TYPE OF BUSINESS FEDERAL ID NUMBER

() Sole Owner () Partnership () S-Corporation () C-Corporation Date Incorporated / / Other _____

Principal or Officer	Title	Social Sec. No.	Home Address/Zip	% Ownership
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

e-mail Address _____

BANK REFERENCE (Exact Branch)	Account Number	CHECKING Savings, Loan, Etc.	Officer to Contact	Phone No.
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Business:
 1. _____
 2. _____
 3. _____

Trade Reference or Term Debt (address not necessary)	Account Number	Phone Number	Contact Name
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1. _____
 2. _____
 3. _____
 4. _____

Financed or Leased Equipment (Lender)	Account Number	Phone Number	Contact Name
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Additional Information and Instructions - (Include brief history of the applicant - use reverse side if necessary)

Insurance Agent	Name, Address & Phone No.
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Equipment Description	Estimated Payment	Cost (Equipment cost excluding tax)	Term
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Client affirms that the information provided above is true and correct to the best of his/her knowledge and agrees Technology Capital Partners, LLC ("TCP") may conduct a credit investigation contacting the above references, and order credit reports as necessary. In addition, **client** authorizes the bank and trade references listed above to release any and all information concerning customers' accounts to TCP.

Signed _____