



LEASE APPLICATION

Please Fax to: 480-222-0312

Take advantage...
of our competitive leasing programs.

- New & Used Equipment
- Start-Up Businesses
- Wide Credit Ranges
- 24-Hour Approvals
- Lease Lines of Credit
- 100% Software Leases
- 90-Day Deferral Programs
- Seasonal Payment Structures



COMPANY INFORMATION

Company Name _____
 Company Address _____ City/State _____ Zip _____
 Business Phone _____ Business Fax _____
 Email Address _____ Years in Business _____
 Type of Business Corporation Sole Proprietor Partnership Non-Profit

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

Name _____ Title _____ Social Sec.# _____ % Ownership _____
 Home Address _____ City/State _____ Zip _____
 Name _____ Title _____ Social Sec.# _____ % Ownership _____
 Home Address _____ City/State _____ Zip _____
 Name _____ Title _____ Social Sec.# _____ % Ownership _____
 Home Address _____ City/State _____ Zip _____

COMPANY BANK & LOAN REFERENCES

Name of Bank _____ Account # _____ Open Date _____
 Telephone _____ Contact/Officer _____
 Name of Lender _____ Account # _____ Open Date _____
 Telephone _____ Contact/Officer _____

TRADE REFERENCES

Name of Supplier _____ Phone # _____ Contact _____
 Name of Supplier _____ Phone # _____ Contact _____

VENDOR / EQUIPMENT INFORMATION

Vendor Name _____ Phone # _____ Contact _____
 Equipment Description _____ Cost \$ _____

DECLARATION / AUTHORIZATION

The undersign agrees that the information provided above, together with any financial statements, schedules, or other materials provided to Paramount Financial Services, LLC, "PFS" is true, correct, and complete. The undersign authorizes PFS to obtain the credit history of the undersigned and the officers and principals of the Company and to investigate (directly or indirectly) such credit history from any source.

Signature _____ Title _____

Print Name _____ Date _____