



Business Credit Application

Application Date: _____ Equipment Cost Net of Tax: _____
 Vendor: _____ Vendor Contact: _____
 Vendor Email Address: _____ Vendor Phone Number: _____
 Item(s) to be Leased: _____
 Initial Lease Term: _____ Estimated Payment: _____

COMPANY DATA

Legal Name of Business: _____ FEIN #: _____
 Street Address: _____ Yrs. in bus: _____
 City, State, Zip Code: _____
 Telephone #: _____
 Primary Contact Name/Title: _____ Primary Contact Email: _____
 Equipment Location: _____
 (if different from street address)
 Most Recent Fiscal Year End
 Revenue: _____

OWNERS/OFFICERS

Name: _____ Title: _____
 Home Address: _____ SS#: _____
 Ownership % _____
 Email: _____ Cell #: _____

Name: _____ Title: _____
 Home Address: _____ SS#: _____
 Ownership % _____
 Email: _____ Cell #: _____

Name: _____ Title: _____
 Home Address: _____ SS#: _____
 Ownership % _____
 Email: _____ Cell #: _____

Name: _____ Title: _____
 Home Address: _____ SS#: _____
 Ownership % _____
 Email: _____ Cell #: _____

BANK REFERENCE

Bank Name: _____ Bank Contact Name: _____
 Business Account # : _____ Bank Contact Telephone: _____

By submitting this Application, you grant consent to and authorize Encore Leasing Group, LLC and its agents ("Encore") to obtain commercial and consumer credit reports and make other credit inquiries that it determines necessary in support of this credit application, future applications for credit, or the collection of any resultant account, and you represent that each individual listed on this Application as a principal, partner, owner, guarantor or obligor likewise has authorized Encore to obtain consumer credit reports and make other credit inquiries that it deems necessary on them. You also warrant the information on or accompanying this Application is true and complete, and you agree to notify Encore of any material change in any such information. You authorize Encore and any credit bureau or investigative agency to investigate the references, statements and other data on or accompanying this Application, and you authorize anybody contacted to release credit and financial information requested as part of said investigation. Finally, you confirm that this Application is submitted in connection with financing solely for business and commercial purposes and NOT for personal, family or household purposes.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

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 our Customer Service Representative, 815 Mission Ave., Suite 202, Oceanside, CA 92054, 760.721.9090 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 concerning this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3710, Houston, Texas 77010.

X	_____	_____	_____	X
Signature	Print Name	Title	Date	
X	_____	_____	_____	X
Signature	Print Name	Title	Date	
X	_____	_____	_____	X
Signature	Print Name	Title	Date	
X	_____	_____	_____	X
Signature	Print Name	Title	Date	

FAX TO: 760.888.9084 EMAIL TO: PGAYNOR@ELGLLC.COM

QUESTIONS / INQUIRIES TO: 866.720.7220