310 Shearer Blvd. Cocoa, FL 32922 Ph: 800.667.9189

Fax: 321.636.3445

COMPANY INFORMATION
Full Legal Company Name



**LEASE APPLICATION** 

**Equipment Quote** 

Address					Amount	<u>Term</u>	<u>Payment</u>
City	County	State	Zip		Adv Pmts	Buy-Out	New/Used
Contact Person	Telephone		Fax		Equipment Description		iption
-Mail Address Nature of Bus		siness	Corp/Other	Yrs in Bus	1		
Location of Equipment (if different than above)					Yrs at Location	Est. Equipm	ent Delivery Date
PERSONAL INFORMATIO	N FOR AL	L OWNERS, O	FFICERS A	AND GUAR	RANTORS		
Name		Title		Social Security Number			% Ownership
Home Address		City		State	Zip	Home Telepho	ne Number
Name		Title		Social Security Number		!	% Ownership
Home Address		City		State	Zip	Home Telepho	ne Number
List Other Owners		Title		Social Security Number		Į.	% Ownership
BANK REFERENCES							
Name of Bank		No. of Yrs.	Bus Acct Number(s)		Telephone		Contact
Previous Bank		No. of Yrs.	Bus Acct Number(s)		Telephone		Contact
TRADE REFERENCES							
Main Supplier		Products	Account Number		Telephone		Contact
Other Supplier		Products	Account Number		Telephone		Contact
LANDLORD AND INSURA	NCE INFO	RMATION					
Landlord for Equipment Location		No. of Yrs	No. of Yrs City/State		Telephone		Contact
Business Insurance Company		No. of Yrs	Prop Damag	ge & Liab?	Telephone		Contact
Credit Authorization: I/We hereby authorize AQM, Inc., its designee, assigns or potential assigns to review his/her personal credit profile pr ovided by national credit bureaus in considering this application and for the purpose of updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize our references to release all credit information and I/We represent and warrant that the information submitted herein is true, complete and accurate. A facsimile, electronic or other copy of this authorization shall be as valid as the original.							
Signature(s) of all owners, officers and/or guarantors						Date	