



EQUIPMENT LEASE APPLICATION

Lease/Rate Questions? Bob Bakofen
HCL Associates, Inc
77 Horton St, W. Islip, NY
11795
Phone: 800 599 5510

EQUIPMENT / PRICING QUESTIONS? CALL BRS PHONE: 800-650-1005

Please Fax to 800 599 5440 for Immediate Application Processing

COMPANY INFORMATION		
Company Legal Name	d/b/a	
Street Address	County	
City/State/Zip Code	Bus. Phone	Fax Number
Years in Business	E mail address	Federal Tax I.D. #
Please Check: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit		

OWNER/PRINCIPAL INFORMATION		
Name	Home Address	City/St/Zip
Soc. Sec. #	Title	% of Ownership
Name	Home Address	City/St/Zip
Soc. Sec. #	Title	% of Ownership

If additional Principals, please include on additional sheet.

BANK INFORMATION		
Name of Bank	Contact	
Bus. Checking Account #	Phone Number	How Many Years?
Other Loan, or Trade References:	Acct. #	Phone Number:
Other Loan, or Trade References:	Acct. #	Phone Number:
Landlord or Mortgage References:	Acct. #	Phone Number:

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to the lessor, or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau and permission to obtain a reference from the above referenced Bank. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individuals identified in the above application.

Signature of Applicant X _____ Date: _____

Signature of Applicant X _____ Date: _____

VENDOR INFORMATION AND LEASE TERMS	
Vendor Name and Address:	<u>Bore Repair Systems, Inc. - 97 Lower Cemetery Road - Langdon, NH 03602</u>
Cost: \$ _____	Contact: <u>Erik Esslinger</u> Phone Number: <u>603-835-2409</u>
Equipment Description:	_____
Lease Term (months):	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other
Purchase Options:	<input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% of Equipment Cost <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Other