

Customer Information Form

Sales Rep

100% Financing Program NO Advanced Lease Payments

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Applicant Information

Legal Business Name		Phone	Structure (Corp, LLC, Prop)
Trade Name		Fax	Years In Business
Site Street Address, with City, State, Zip			Location ID (if applicable)
Billing Address (if different), with City, State, Zip			Federal ID #
Contact Person	Cell Phone #	Email Address	
Do You Own Any Additional Companies?	If YES, Legal Business Name	DBA	

Personal Information of Officers/Partners/Owners (include all major owners' information)

Name	SSN	Title	%
Home Street Address, with City, State, Zip			Home Phone #
Name	SSN	Title	%
Home Street Address, with City, State, Zip			Home Phone #
Name	SSN	Title	%
Home Street Address, with City, State, Zip			Home Phone #
Name	SSN	Title	%
Home Street Address, with City, State, Zip			Home Phone #

Other Financing Needs - Check All That You Would Like Information on

- POS and Property Management Systems Other (Please give detail:)
- Computer Hardware Refreshes
- TVs and HD TV Satellite Systems
- Electronic Signage and Menu Display Boards
- Fitness Equipment
- Phone Systems
- Washers and Dryers
- Kitchen and Bar Equipment
- Coolers

Statement

Customer authorizes Micros Leasing or its assigns to request, verify and review data or information about the customer, its officers, partners, owners and guarantors including reports from agencies and information from references. Micros Leasing is authorized to give credit information about customer to others. All information provided herein is correct and complete. If business credit is denied, customer has the right to a written statement of the specific reasons for the denial. To obtain this statement, please contact Micros Leasing at address shown above within 60 days of a denial. A fax or photocopy of this authorization shall be valid as the original.

Print Name & Title	Signature	Date
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