

Accord Capital Group, Inc.

100 South Bedford Road * Suite 340
 Mount Kisco, NY 10549
 800-666-6270 * 212-686-6060 * 914-358-0022
 FAX - 646-390-7640

EQUIPMENT LEASING APPLICATION

B U S I N E S S	FULL LEGAL BUSINESS NAME/LESSEE			TELEPHONE	FAX
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY) (ZIP CODE)
	CONTACT	TITLE	TYPE OF BUSINESS	YRS IN BUSINESS	Fed. Tax ID No.
	LOCATION OF EQUIPMENT (STREET) IF DIFFERENT			(CITY)	(STATE) (COUNTY) (ZIP CODE)
	BUSINESS STRUCTURE Corporation: C <input type="checkbox"/> S <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non Profit <input type="checkbox"/> Sales Tax Rate _____				
	ANNUAL SALES		BUSINESS NET INCOME	BUSINESS NET EQUITY	

O W N E R S H I P	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE) (ZIP CODE)	(PERSONAL NET INCOME) (PERSONAL NET WORTH)
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE) (ZIP CODE)	(PERSONAL NET INCOME) (PERSONAL NET WORTH)
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE) (ZIP CODE)	(PERSONAL NET INCOME) (PERSONAL NET WORTH)

B A N K S	BANK	ACCOUNT UNDER NAME OF	TELEPHONE	FAX	
	BRANCH	CHECKING ACCT. NO.	CONTACT NAME		
	BANK	ACCOUNT UNDER NAME OF	TELEPHONE	FAX	
	BRANCH	CHECKING ACCT. NO.	CONTACT NAME		
	BANK	ACCOUNT UNDER NAME OF	TELEPHONE	FAX	
	BRANCH	CHECKING ACCT. NO.	CONTACT NAME		

T R A D E S	COMPANY NAME	ACCOUNT NUMBER	TELEPHONE	FAX

E Q U I P M E N T	VENDOR NAME				
	ADDRESS (STREET)		(CITY)	(STATE)	(ZIP) PHONE FAX
	EQUIPMENT TO BE LEASED				
	COST OF EQUIPMENT	LEASE TERM DESIRED	RATE / MO. PAYMENT		

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Accord Capital Group, Inc. to obtain from third parties, information it deems necessary to arrive at a decision regarding this Application. To help fight terrorism and money laundering, the information you provide will be verified. By signing here, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Accord Capital Group, Inc., its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to Accord Capital Group, Inc. its designee, assigns or potential assigns, its by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

_____ X
SIGNATURE/TITLE

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL AT TIME OF APPLICATION. If your application for Business credit is denied, you have the right to a written statement of the specific reasons for the denial within 60 days from the date that 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.

_____ DATE