



Please Complete and Fax to:
(813)-855-4082
If you have any questions,
please call us at:
1-877-924-2020

Equipment Information

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Price: \_\_\_\_\_

Business Information

Legal Name of Business: \_\_\_\_\_
DBA of Business: \_\_\_\_\_
Business Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
Federal Tax I.D. #: \_\_\_\_\_ % of Business conducted outside of the U.S.: \_\_\_\_\_
Business Type (pls. circle): C.Corp S. Corp LLC Partnership Proprietorship
Equipment Location: \_\_\_\_\_

Bank Information

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_
Bank Phone: \_\_\_\_\_ Contact at Bank: \_\_\_\_\_

Ownership Information (if more than two owners, please list the below information for each on a separate sheet)

First Principal Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_
Home Address: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_
City/State/Zip: \_\_\_\_\_ Medical I.D.#: \_\_\_\_\_
Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Second Principal Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_
Home Address: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_
City/State/Zip: \_\_\_\_\_ Medical I.D.#: \_\_\_\_\_
Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Authorization

For Transactions over \$100,000: We will contact you for additional information.

The Lessee authorizes Laser Locators to submit this application for credit approval to outside Financing Companies. These entities are then duly authorized to make whatever inquiries it deems necessary, including obtaining credit reports, in connection with this application.

Each Guarantor must give authorization for credit due diligence by signing this application. If more than two, please sign next to personal information you are providing on separate sheet.

First Principal:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Second Principal:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_