



LEASE APPLICATION
FAX LEASE APPLICATION TO : 207.777.6377

Lewiston 782.7427
Portland 774.1392
Bangor 942.0001

SUPPLIER INFORMATION

Budget Document Technology Sales Rep.
Last Name First Name MI
Phone No. 207-782-7427 Fax No.207-777-6377 Date

EQUIPMENT DESCRIPTION (Itemize Software, Maintenance, Services, Training, Installation, Trade-ups and Buyouts, if applicable)

Table with 7 columns: Quantity, Manufacturer, Model No., Description, New, Used, Cost. Includes a Total Equipment Cost row at the bottom.

TERM/LEASE PAYMENT SCHEDULE

Term Purchase Option: FMV 10% \$1 Number of Security Deposit Payments
Total Equipment Cost \$ Monthly Payment \$

CUSTOMER INFORMATION

Lessee Name Lessee Phone Number
Lessee Address
Address City County State Zip
Signer Name Title Nature of Business
Year Started Style of Business: Corporation Partnership Sole Proprietor P.C. L.L.C.

BANK REFERENCE INFORMATION

Bank Reference Account Number
Bank Phone No. Bank Contact
Loan Reference Phone
Loan Account No. Contact

PERSONAL INFORMATION ON OFFICERS, PARTNERS, PROPRIETORS OR GUARANTORS

Name Name
Title S.S. No. Title S.S. No.
Address Address
Address City Address City
County State Zip County State Zip

AUTHORIZATION

I/we hereby authorize your or your agents to whom this application is made to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as you deem necessary.

Signature/Title X