

# SAFE Leasing, L.L.C.

431 Ellis Street  
Glassboro, New Jersey 08028

# Equipment Lease Application

**Toll Free: (866) 804-7233**  
**Phone: (856) 881-5341**  
**Fax: (856) 881-7458**

For Office Use Only

- Application #
- Representative:

### VENDOR/DEALER INFORMATION

Vendor's Name	Contact/Sales Rep.	Telephone #
Address		Fax #
City	State	Zip
		E-Mail #

### PAYMENT PLAN

Term in Months	Rate Factor Used	Lease Payment \$ (Does not include taxes)	<input type="checkbox"/> FMV <input type="checkbox"/> 10% Security Deposit <input type="checkbox"/> \$1.00 Buyout <input type="checkbox"/> ___% Put	Security Deposit \$ _____ Advanced Payment \$ _____ Total Payment \$ _____
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### EQUIPMENT TO BE LEASED (Attach separate list if necessary.)

Description (include make, model & serial #'s and any attachments)	EQUIPMENT COST \$
	NEW      USED

### LESSEE (Complete legal name of entity. If a corporation, use EXACT registered corporate name.)

Company	DBA	Fed ID#
Billing Address	City	County
	State	Zip
Equipment Location (if other than billing address)	City	County
	State	Zip
Nature of Business:	Contact Person <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. :	Title:
Telephone # Fax #	Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corp. <input type="checkbox"/> Non-Profit Corp.	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership
		No. of yrs. in Business (present ownership)

### PERSONAL INFORMATION ON OFFICERS, PARTNERS OR OTHER OBLIGORS

Name	Title	% Ownership	Social Security No.
Home Address	City	State	Zip
			Home Phone No.
Name	Title	% Ownership	Social Security No.
Home Address	City	State	Zip
			Home Phone No.

### TRADE REFERENCES - TWO YEAR HISTORY

Name Of Supplier	City/State	Telephone No.	Contact Person
Name Of Supplier	City/State	Telephone No.	Contact Person
Name Of Supplier	City/State	Telephone No.	Contact Person

### COMPANY BANK REFERENCES - TWO YEAR HISTORY

Name of Bank/Branch	City/State	Chkg. Acct. #	Telephone No.	Contact Person
		Loan Acct. #		
Name of Bank/Branch	City/State	Chkg. Acct. #	Telephone No.	Contact Person
		Loan Acct. #		

### ACKNOWLEDGEMENT AND AUTHORIZATION

By providing the above information, I/we authorize you or your agents to investigate my/our financial responsibility and creditworthiness. I/we authorize you to update my/our credit profile from time to time in the future as you deem appropriate.

**Sign Here X**