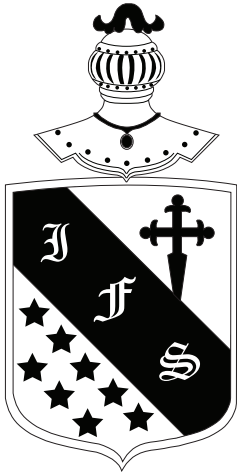


# APPLICATION



BUSINESS	Lessee Full Company Name:		Date Established:
	Lessee Full Company Address:		Telephone:
	City / State / Zip:	County:	Fax:
	Description Of Business:		Federal ID Tax No.:
	Lessee Contact:		Cell Phone:
	E-mail:		State Of Inc.:
	Business Structure: <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		

OWNERSHIP	Guarantor:	% Ownership:	Social Security No.:	Home Phone:
	Home Address:	City:	State:	Zip:
	Guarantor:	% Ownership:	Social Security No.:	Home Phone:
	Home Address:	City:	State:	Zip:

BANK	Company Bank:	Account No.:	Contact:	Phone:	Current Balance:

REF.	Leasing Company/Creditor:	Contact:	Account No.:	Phone:

EQUIPMENT	Equipment Vendor:	Contact:			Phone:
	Equipment Description:	Year:	Make:	Model:	Price:

TERM	Down Payment:	Desired Term:	<input type="checkbox"/> 24	<input type="checkbox"/> 36	<input type="checkbox"/> 48	<input type="checkbox"/> 60
		Desired Buyout:	<input type="checkbox"/> \$1	<input type="checkbox"/> 10%	<input type="checkbox"/> 20%	<input type="checkbox"/> FMV

SIGN	By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction and authority to IFS Equipment Financing or its Designee as well as and in addition to any assignee or potential assignee thereof authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original.				
	Signature: X _____		Printed Name: _____		
Signature: X _____		Printed Name: _____			

**PLEASE FAX COMPLETED APPLICATION TO 1-614-777-0001**

CA | IFS | 09

**IFS Equipment Financing** • 3001 Bethel Rd. Suite 108 • Columbus, OH 43220  
 Toll Free: 800-778-2073 • Phone: 614-777-0000 • Fax: 614-777-0001