5937 Darwin Court, Suite 103
Carlsbad, CA 92008
Ph# (800) 438-1470 Fx# (888) 438-2046

Equipment Lease Application

LESSEE (EXACT LEGAL NAME) | DBA

STREET ADDRESS | CITY | STATE | ZIP | TELEPHONE NO. ( )

LOCATION OF EQUIPMENT | CITY | STATE | ZIP | FAX NO. ( )

TYPE OF BUSINESS | GROSS ANNUAL SALES | YEARS IN BUSINESS | YEAR UNDER CURRENT OWNER | FEDERAL TAX ID NO. (IF ANY)

☐ PROPRIETORSHIP ☐ CORPORATION ☐ PARTNERSHIP ☐ LIMITED LIABILITY CO. | STATE OF INCORPORATION

OWNERSHIP

PRINCIPAL #1 NAME | TITLE | % OWNERSHIP | YRS OF INDUSTRY EXPERIENCE | SOCIAL SECURITY NO. - -

STREET ADDRESS | CITY | STATE | ZIP | HOME TELEPHONE NO. ( )

PERSONAL ANNUAL GROSS INCOME (Not including spouse) | MONTHLY MORTGAGE/RENT (Residence only)

PRINCIPAL #2 NAME | TITLE | % OWNERSHIP | YRS OF INDUSTRY EXPERIENCE | SOCIAL SECURITY NO. - -

STREET ADDRESS | CITY | STATE | ZIP | HOME TELEPHONE NO. ( )

PERSONAL ANNUAL GROSS INCOME (Not including spouse) | MONTHLY MORTGAGE/RENT (Residence only)

BANK

BANK NAME | CONTACT NAME | CITY | CURRENT CHECKING BALANCE | TELEPHONE NO. ( )

ACCOUNT UNDER NAME OF | CHECKING ACCOUNT NO. | SAVINGS ACCOUNT NO. | LOAN NO.

TRADES

COMPANY	CONTACT	TELEPHONE
		( )
		( )

DESIRED TERMS (Check one)

LEASE TERM IN MONTHS

☐ 12 ☐ 24 ☐ 36 ☐ 48 ☐ 60

PURCHASE OPTION

☐ $1 ☐ 10% ☐ FMV

EQUIPMENT DEALER

Phone | Sales Rep

EQUIPMENT COST

EQUIPMENT TYPE

The undersigned individual who is either a principal, a personal guarantor or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history

may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Innovative Lease Services, Inc. or its designee the use of a consumer credit report on the undersigned, from time to time as may be needed. Additionally, this authorization include release of any bank and/or trade information to Innovative Lease.

X

AUTHORIZED SIGNATURE | **DATE**

ADDITIONAL INFORMATION

If the business has been in operation under present ownership for less than two years, or equipment cost exceeds $75,000 please provide:

*Financial Statements or Tax Returns on Company for most recent two years and most recent Interim Financial Statement.

Please include an itemized quote, if available.

Fax completed application or mail to address above:

ATTN: Fitness Division

FAX: (760) 438-2046

TEL : (800) 438-1470

ECOA NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Administrator, (800) 438-1470 within 60 days from the date you are notified of our decision. We will send you a written statement within 30 days of receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal