



ALBRIGHT MACHINERY

Improving Woodworking Manufacturing Through Education, Innovation And Automation

LEASE APPLICATION



140 Bridges Road, Suite E • Mauldin, SC 29662

Please Fax Completed Application to: (888) 637-6212 - Questions? Call: (888) 637-6210

Business Information	Full Legal Company Name (Include DBA if applicable)	Tax Identification #
	Billing Street Address	

City	County	State	Zip
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Contact Email Address: Equipment Location (If different from above) (Street Address/City/State/Zip)

Contact Name and Title	Telephone #	Fax #
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Business Description	Years in Business
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Insurance Agent Name	Telephone #
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Lease Term:

- 12 Month Lease
- 24 Month Lease
- 36 Month Lease
- 48 Month Lease
- 60 Month Lease
- Other _____

Name of Principal/Partner/Officer	Title	Social Security #	Telephone #
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Home Address (Street/City/State/Zip)	<input type="checkbox"/> "S" Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP
Name of Principal/Partner/Officer	

Title	Social Security #	Telephone #
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Home Address (Street/City/State/Zip)

Equipment Information

Total Estimated Equipment Cash Price: \$	# of Advance Payments	Total Estimated Lease Payment: \$	End of Lease Options
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Equipment Description	<input type="checkbox"/> 10% Buyout <input type="checkbox"/> \$1.00 Buyout <input type="checkbox"/> Fixed \$ _____
Equipment Description (Mfg/Model)	

- NEW Equip.

Supplier Name	Contact Name	Telephone #
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- USED Equip.

Year _____

Fax#	Address, City, State, Zip
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Bank Reference

Bank Name	Checking/Loan Account #	Telephone #
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Address/City/State	Accounting/Loan Officer
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Trade/Lease/Loan Reference

NAME	ACCOUNT #	CONTACT NAME	TELEPHONE #
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1. _____

2. _____

3. _____

Credit Information Release

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorization 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 purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Signature	Print Name	Title	Date
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Signature	Print Name	Title	Date
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ECOA Notice

(To be retained by Applicant)

Thank You for Your Business Credit Application! We will review it carefully and get back to you promptly. 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 that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing 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 agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.