

1. LEGAL NAME OF LESSEE

- A) The Lease will be written in the name of my business with my signature as Personal Guarantor.
 B) The Lease will be written in my name as Personal Guarantor.

2. PRE-QUALIFY

- C) DO YOU HAVE A BUSINESS CHECKING ACCOUNT? () YES () NO
 D) BUSINESS CHECKING ACCOUNT NUMBER: _____ BANK: _____ PHONE: _____
 E) DO YOU HAVE A BUSINESS SAVINGS ACCOUNT? () YES () NO
 F) DO YOU BUY FROM OTHER BUSINESSES ON TERMS? () YES () NO

3. MONTHLY PAYMENT TERM-BUYOUT

\$	+ Applicable Taxes & Processing Fee	1.00 OR 10%
		TERM: <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60

4. PERSONAL CREDIT INFORMATION

NAME (First, Initial, Last)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
CURRENT HOME ADDRESS	TITLE	% OWNERSHIP
CITY, STATE, ZIP	HOME PHONE NUMBER	BUSINESS PHONE NUMBER

5. COMMERCIAL CREDIT INFORMATION

DBA NAME OF BUSINESS	NATURE OF BUSINESS
BUSINESS STREET ADDRESS	TYPE OF BUSINESS: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NOT FOR PROFIT
CITY, STATE, ZIP	MONTHS IN BUSINESS: <input type="checkbox"/> 0-12 MONTHS <input type="checkbox"/> 13-24 MONTHS <input type="checkbox"/> 25+ MONTHS
BILLING ADDRESS (If different than above)	

6. METHODS OF SUBSEQUENT PAYMENTS

Fill in the following for banking information (Direct Debit For Payment Required)

THIS SECTION REQUIRED FOR DIRECT DEBIT

ATTACH ORIGINAL VOIDED CHECK

BANK TRANSIT/ROUTING NUMBER _____	CHECKING ACCOUNT NUMBER _____
AUTHORIZED AFFILIATES ARE AUTHORIZED TO AUTOMATICALLY DEBIT MY CHECKING ACCOUNT FOR ALL MONIES DUE TO LESSOR UNDER LEASE _____ X _____ FINANCIAL INSTITUTION SIGNATURE	

I represent that this equipment is being leased for business and/or professional purposes and agree that under no circumstances shall this Lease be construed as a consumer contract. I apply to SIGN CENTRAL LEASING Corporation for the lease indicated in this application. Everything stated in this application is correct. SIGN CENTRAL may retain the application whether or not the lease is approved. SIGN CENTRAL LEASING and its Authorized Affiliates are authorized to check my credit and employment history for the purpose of determining my credit worthiness at the time of my application or thereafter in connection with the same transaction or extension of credit and for the further purpose of reviewing the account, taking collection activity on the account, and skip tracing. SIGN CENTRAL LEASING Corporation and its Authorized Affiliates are authorized to provide history information to others about my credit standing and SIGN CENTRAL LEASING Corporation's credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside counsel.

7. AUTHORIZED SIGNATURE _____ PRINT NAME _____ DATE _____

Identification information:
 DL or ID# _____ State _____ Expiration Date: _____ Sign. Rep. verified (check)

SIGN CENTRAL APPLICATION NUMBER							
OFFICE USE ONLY							

PHONE: LEASE LINE: (888) 799-0330
FAX: LEASE LINE: (888) 990-9968

HOURS OF OPERATION:
 Monday – Friday: 9:00 AM Eastern to 6:00 PM Pacific
 Saturday: 8:00 AM – 1:00 PM Central

SIGN CENTRAL Rep: _____ Dealer Rep: _____ Regional Office Number: _____
 Dealer # _____