



SIGNS PLUS LEASE APPLICATION

4242 McIntosh Lane
 Sarasota, FL 34232
 800-848-4262
 941-378-4262
 (FAX) 941-378-4062

BUSINESS INFORMATION

BUS. NAME _____ **FEDERAL ID#** _____

ADDRESS _____

PHONE NO. _____ **FAX NO.** _____ **COUNTY** _____

ORGANIZATION TYPE: _____ **STATE OF INCORPORATION:** _____

Corporation ___ **Partnership** ___ **Proprietorship** ___ **Individual** ___ **LLC** **Other** _____

NATURE OF BUS: _____

Yrs. in business _____ **Yrs. under current management** _____ **Employees: FT** _____ **PT** _____

REFERENCES

BANK REFERENCES	CONTACT	PHONE #	CITY & STATE	ACCT NUMBER(S)

TRADE REFERENCES	PHONE #	NAME/CITY/STATE

INFORMATION ON PRINCIPAL(S)

ALL PRINCIPALS, OFFICERS & STOCKHOLDERS OVER 10%	TITLE	SOCIAL SECURITY #	HOME ADDRESS STREET/CITY/STATE/ZIP

EQUIPMENT

DESCRIPTION:	LOCATION CITY/STATE	APPROX. DELIVERY DATE	UNIT COST

LEASE TERMS

TERM: _____ **PAYMENT:** _____ **PURCHASE OPTION:** _____

SALES TAX EXEMPT: YES NO / IF YES - REASON: _____

COMMENTS

AUTHORIZATION

I certify that the information stated in this application is true and correct to the best of my knowledge. I understand that you and or your assignees will retain this application whether or not it is approved. You are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you and or your assignees to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request.

AUTHORIZED SIGNATURE: _____ **DATE:** _____