Fax to: 800-451-5360

EXISTING CUSTOMER YES 🗖 NO 🗖 If yes, Account # FINANCIAL STATEMENTS MAY BE REQUIRED							
_8	UPPLIER NAME AND ADDRESS Phone				Can NEC Financial contact the a	pplicant? Yes No	
MATE	Fax				LEASE DOCUMENTS: I will prepare documents		
FORM					I want NEC Financial to prepare documents Send To: Supplier Customer		
<u> </u>	Sales Rep Name	E-mail			Send Via: E-mail Fax	Mail	
	EQUIPMENT / SOFTWARE DESCRIPTION						
LEASE INFORMATION	Estimated Installation Date:						
	Equipment Cost \$	Lease Rate Factor			LEASE TYPE	LEASE TERM	
	Software Cost* \$* * Not available for FMV, Blended Rates may be required	Lease Payment	\$				
	Sub-Total \$ (Lease Payment = Lease Rate Factor x Total Cost)						
	Sales Tax \$ Advance Rentals			#=\$			
	Total Cost \$ Sales Tax	Security Deposit	\$		Promotion		
CUSTOMER INFORMATION	COMPLETE LEGAL COMPANY NAME			Headquarters Information			
				Address:			
	Trade Style/DBA:			City, State, Zip:			
	Nature of Business: Federal Tax ID# (FID):			INSTALLATION ADDRESS (if different from above address)			
	Contact:Phone:						
	Email: Fax:						
	Lease Signer:Title:			Will you be moving to the installation location?YesNo			
	Corporation Proprietorship General Partnership	LTD LLC	LLI	P PC P	A Not for Profit	Government	
	Business Start Date: Bankruptcy History: No Yes/When:						
	State of Inc./Organization Organizational # If you are Sales Tax Exempt, please attach copy of certificate.						
	Parent Company (if applicable): Company is a Subsidiary D	Equipm	equipment Installation Location: Own Rent				
	Name:			Landlord/Owner:			
	HQ Address:			Address:			
	City, State, Zip:			Contact: Phone:			
	Name/Title: Principal Owner Partner Officer Member			Contact: Phone: Name/Title: Principal Owner Partner Officer Member			
	Name:		Name:	·			
	Home Address:			Home Address:			
	City, State, Zip:		City, Sta	City, State, Zip:			
	Email:		Email:	Email:			
	Home Phone: Social Security #		Home F	Home Phone: Social Security #			
	Bank Name:		Trade F	_ Trade Reference:			
	Branch: How Long:		City & S	City & State:			
	Checking Acct# Loan Acct #		Accour	Account # How Long:			
	Contact Name:		Contac	Contact Name:			
	Phone: Fax:		Phone:	Phone: Fax:			
	I / We grant NEC Financial Services, Inc. or its Agent's permission to investigate my/our financial responsibility and credit worthiness, and authorize release of any personal or business information accordingly. I/We agree to make available financial statements, tax returns, etc., upon request. I/We acknowledge that the Advance Rental(s) and/or Security Deposit(s) are not refundable if NEC Financial approves our						
SIGNATURE						••	
	Authorized Signature and Title						
	X		Printed Nam	Printed Name Date:			

By execution of the Credit Application and Lease Agreement, I / We warrant that the information submitted herein is true and correct.