



UNITED FINANCIAL GROUP

"an equipment lease finance company"
EST 1981

Contact: Andrew Kaplan, Candace Dyer or Crystal Gottschalk

Phone: (407) 628-8444

Email: credit1@ufg-lease.com

Fax: (407) 539-1374

IMPORTANT INFORMATION: If you are applying for individual lease or for joint lease with another person (including a joint account or an account that you and another person will use) complete all sections providing information about each individual applicant, joint applicant or user. If you are applying to guarantee the obligations of a business, complete all sections providing information about yourself. **Persons providing information who are not Applicants, Guarantors, or Company Authorized Signers should not sign this statement.**

BUSINESS INFORMATION IF REQUEST EXCEEDS 250,000, PLEASE INCLUDE YOUR LAST 2 YEAR-END BUSINESS FINANCIALS AND AN INTERIM STATEMENTS (if available)

Legal Business Name		DBA Name		Tax Identification No.	
Street Address (no P.O. Boxes)			Billing Address (no P.O. Boxes)		
City/County/State/ZIP					
Equipment Location (if different from above): Street Address/City/County/State/ZIP					
Contact		Phone No.		Fax No.	
Nature of Business		Time in Business	Time as Owner	No. of Employees	Gross Annual Revenue
Is your business sales tax exempt? If "YES" indicate tax exempt number: <input type="checkbox"/> NO <input type="checkbox"/> YES				E-Mail Address	

- Sole Proprietorship
- Individuals applying jointly for business purpose lease
- General Partnership
- Limited Partnership
- Corp. or Ltd. Liability Co.
Date of Org.
State of Org.
- Other:

GUARANTOR INFORMATION (ALL 20% OR MORE OWNERS AND OTHER GUARANTORS)

Principal/Partner/Officer		Title	% Ownership	Date of Birth	Social Security #	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Address		City	State	ZIP	Home Phone	
Billing Address (if different)		City	State	ZIP	Phone	
Principal/Partner/Officer		Title	% Ownership	Date of Birth	Social Security #	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Address		City	State	ZIP	Home Phone	
Billing Address (if different)		City	State	ZIP	Phone	

EQUIPMENT INFORMATION

Please indicate the equipment you are planning to acquire:

Equipment Supplier:		Estimated Total Equipment Costs: \$	
Structure:	Nominal (e.g. \$1) Purchase Option Lease	Fair Market Value Purchase Option Lease	TERM/MONTHS:

BANK REFERENCE

Bank Reference Name		Account/Loan Officer		Phone No.	
Account type:	Checking	Savings	Loan	Line of Credit	Account No.
			Current Balance	Average Balance (6 months)	
			\$	\$	

"You," the "Applicant" (both terms include the business entity as well as all of the individuals named above), certify to us that you are applying for credit for business reasons, and not for personal, family or household purposes. Applicant authorizes, United Financial Group, Inc. to obtain information from others concerning Applicant's credit and trade standing, including Applicant's personal credit report, and other relevant information impacting this application, and if the Lease is approved, from time to time during the term of the Lease. The undersigned certifies they are applying for business purposes only and authorizes United Financial Group, Inc. or it's assignee to investigate all information contained herein and accompanying this application. The undersigned authorizes and requests all parties to release any information requested concerning personal or business credit standing.

COMPANY AND GUARANTOR SIGNATURES (SIGN BOTH PLACES BELOW)

We/I certify that we/I have read and agree with applicable terms and conditions above.

Company Authorized Signature		Title	Date
Company Authorized Signature		Title	Date
Guarantor / Owner / Individual Signature		Guarantor / Owner / Individual Signature	