

Lessee Information:

Fax: 425-454-2458

Company Name (exact legal name of entity): _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____ e-mail: _____

Telephone: _____ Fax: _____ Contact Person: _____ Title: _____

Equipment location if different from above: _____ City: _____ County: _____ State: _____ Zip: _____

Business Type: Proprietorship: _____ Corporation: _____ Partnership: _____ State of Incorporation: _____

Years in Business: _____ Nature of Business: _____ Federal Tax ID #: _____

Personal Information on Officers, Partners or Guarantors:

Name: _____ Title: _____ SS#: _____

% Of Ownership: _____ Home Telephone: _____ State of Legal Residence: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____ SS#: _____

% Of Ownership: _____ Home Telephone: _____ State of Legal Residence: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Company Bank References:

Bank/Branch Name: _____ Contact Person: _____

Checking Acct. #: _____ Loan Acct. #: _____ Telephone: _____

Bank/Branch Name: _____ Contact Person: _____

Checking Acct. #: _____ Loan Acct. #: _____ Telephone: _____

Leasing/Trade References:

Name of Supplier: _____ City: _____ State: _____

Telephone: _____ Contact Person: _____ Account #: _____

Name of Supplier: _____ City: _____ State: _____

Telephone: _____ Contact Person: _____ Account #: _____

Name of Supplier: _____ City: _____ State: _____

Telephone: _____ Contact Person: _____ Account #: _____

Vendor Information:

Vendor Name: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

Equipment Cost: _____ Description: _____ (NEW or USED): _____

THIS APPLICATION DOES NOT OBLIGATE LESSOR TO ENTER INTO THE LEASE.

The undersigned represents that all information provided with this Application is true and correct and hereby authorized Sound Leasing Corporation to obtain from third parties information it deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorized SLC, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal or extension of credit to the Applicant or the collection of any resultant accounts. I authorize all deposit, borrowing, financial and trade information to be released to Sound Leasing Corporation by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

Signature

Print Name

Date

Signature

Print Name

Date