

Smart Financial Corporation
 15048 Tamarind Cay Court Suite 604
 Fort Myers, Florida 33908
 Tel: 866-615-8341 / Fax: 941-240-0129

FILE: 01-001

EQUIPMENT LEASING APPLICATION

V E N D O R	VENDOR Start Stop Dictation and Transcription Systems				CONTACT Joe Winner
	ADDRESS (STREET) 825 Cypress Trails Drive		(CITY) Tarpon Springs	(STATE) FL	(ZIP CODE) 34688
	EQUIPMENT TO BE LEASED <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> AGE				FAX NO. 810-821-6940
	COST OF EQUIPMENT		TERMS OF LEASE	RATE / MO. PAYMENT	DEPOSIT RECEIVED

L E S S E E	BUSINESS NAME/LESSEE				TELEPHONE
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY) (ZIP CODE)
	SIGNER		TYPE OF BUSINESS		Yrs in bus. FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE)	(COUNTY) (ZIP CODE)

G U A R A N T O R S	Business Structure <input type="checkbox"/> Corp. <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit				
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO. SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE) <input type="checkbox"/> Own <input type="checkbox"/> Rent DRIVER'S LIC. NO.
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO. SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE) <input type="checkbox"/> Own <input type="checkbox"/> Rent DRIVER'S LIC. NO.
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO. SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE) <input type="checkbox"/> Own <input type="checkbox"/> Rent DRIVER'S LIC. NO.

B A N K S	BANK	Branch	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	LOAN ACCOUNT	CONTACT
	BANK	BRANCH	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	LOAN ACCOUNT	CONTACT

T R A D E S	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

I hereby authorize Smart Leasing, Inc. or any credit bureau or other investigative agency employed by Smart Leasing to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.
 SIGNATURE _____

DATE _____

FAX THIS APPLICATION TO 941-240-0129