

BUSINESS	Applicant Full Company Name:		<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	Date Established:	
			<input type="checkbox"/> LLC	<input type="checkbox"/> Trust		
			<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Government		
	Company Address:				DUNS (if known):	
	City / State / Zip:			County/Parrish:	Fax:	
	Description of Business:				Federal ID Tax No.:	
	Applicant Primary Contact/Position:				Cell Phone:	
E-mail:				State of Incorporation/Organization:		
Number of Employees Before Funding:			After:	Number of Affiliates/Contractors:		

OWNERS/GUARANTORS	Name/Title: (use additional sheets if necessary, must add to 100%)		% Ownership:	Social Security No.:	Home Phone:
	Home Address:		City / State / Zip:		
	Name/Title:		% Ownership:	Social Security No.:	Home Phone:
	Home Address:		City / State / Zip:		

REFERENCES	Company Bank and Contact Name:		Phone:	Account No.:	Current Balance:
	Accountant Name and Contact Info:		Phone:	Co. Annual Gross Rev.:	Co. Annual Net Income:
	Credit Reference:		Phone:	Account No.:	Monthly Payment:

COLLATERAL	Equipment Vendor:		Contact:		Phone:
	Equipment Description:		Year:	Make:	Model:
	Down Payment:		Desired Term: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60		
		Desired Buyout: <input type="checkbox"/> \$1 <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> FMV			

SIGNATURE AND AGREEMENT	By signing below, the undersigned individual(s), who is either a knowledgeable principal of the applicant or a sophisticated personal guarantor of its obligations, provides written instruction and authority to Aspire Lease and Factor, LLC, or its designee as well as and in addition to any potential assignee thereof, authorizing review of their personal credit profile from national credit bureau(s). http://www.aspireleaseandfactor.com/DISCLOSURES20162460Iaspire . Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. An electronic or facsimile copy of this authorization shall be valid as the original authorization.				
	Signature: X _____	Printed Name: _____		Date: _____	
Signature: X _____	Printed Name: _____		Date: _____		