



providing leaseoptions
for your business needs

Michael Noville
7037 Fly Rd
E. Syracuse, NY 13057
Phone 866-859-4606
Fax 315-410-5360
mnoville@leaseoptions.com

Applicant Information

Legal Business Name		Phone	
Trade Name		Fax	
Billing Address		Years in Business	Number of Locations
City, State, ZIP	Cell Phone #	Email	
Contact Person	Federal ID #	Business Structure (Corp, LLC, Prop, etc)	

Personal Information of Officers/Partners/Owners (include all major owners' information)

Name	SSN	Title	Ownership %
Home Street Address with City, State, ZIP			Home Phone #
Name	SSN	Title	Ownership %
Home Street Address with City, State, ZIP			Home Phone #
Name	SSN	Title	Ownership %
Home Street Address with City, State, ZIP			Home Phone #

Bed Bug Heat Doctor

Sales Rep
Phone Number
Product Description

Equipment Information

Intended Product Address (if different than above)
City, State, ZIP (if different than above)
Term Requested 12mo 24mo 36mo 48mo 60mo
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

Statement

Customer authorizes POS Credit Corporation ("PCC") or its assigns or potential assigns, financing sources or potential financing sources, to request from, verify and review data or information about the customer, its officers, partners, owners and guarantors including reports from agencies and information from references. PCC is authorized to give credit information about customer to others. All information provided herein is correct and complete. If business credit is denied, customer has the right to a written statement of the specific reasons for the denial. To obtain this statement, please contact PCC at address shown above within 60 days of a denial. A fax or photocopy of this authorization shall be valid as the original.

Print Name & Title	Signature (Required)	Date
-------------------------------	-----------------------------	-------------