



Customer Information Form

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providing leaseoptions
for your business needs

Applicant Information

Legal Business Name		Phone	Structure (Corp, LLC, Prop)
Trade Name		Fax	Years In Business
Site Street Address, with City, State, Zip			Location ID (if applicable)
Billing Address (if different), with City, State, Zip			Federal ID #
Contact Person	Cell Phone #	Email Address	
Do You Own Any Additional Companies?	If YES, Legal Business Name	DBA	

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

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

Bed Bug Heat Doctor:

Sales Rep
Product Description

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	Date
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Print Form