

# Commercial Lease Application



10M Commerce Way □ Woburn, MA 01801

Phone: 888-347-4993 Fax: 781-994-4937

www.TimePaymentCorp.com

DEALER NAME (Equipment Supplier)	DEALER CODE
DEALER REFERENCE #	

\* = denotes required fields

## LESSEE INFORMATION (Equipment User)

\* LEGAL BUSINESS NAME \_\_\_\_\_

DBA NAME \_\_\_\_\_

\* STREET ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ \*YEARS IN BUSINESS \_\_\_\_\_

FEDERAL ID NUMBER \_\_\_\_\_ (required for business alone)

\*TYPE OF BUSINESS:

CORPORATION

PROPRIETORSHIP

PARTNERSHIP

BILLING ADDRESS (if different):

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## INITIAL FUNDING INFORMATION

\*EQUIPMENT TYPE:

\_\_\_\_\_

\_\_\_\_\_

\*FILL IN ONE OF THE FOLLOWING FIELDS:

Base Monthly Paymt: \$ \_\_\_\_\_ for \_\_\_\_\_ Months (Term)

OR Total Funded Amount: \$ \_\_\_\_\_

## DEALER INFORMATION (Equipment Provider)

DEALER OFFICE: \_\_\_\_\_

SALESPERSON: \_\_\_\_\_

## \*GUARANTOR INFORMATION (Include all owners to account for 100% of company ownership unless Business Alone)

### GUARANTOR INFORMATION 1

SIGNER #1 NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

SS # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ TITLE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### GUARANTOR INFORMATION 2

SIGNER #2 NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

SS # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ TITLE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Applicant represents that this Equipment is being leased for business and/or professional purposes and agrees that under no circumstances shall this Lease be construed as a consumer contract. The undersigned applies for the Lease indicated in this application. Everything stated in this application is correct. TimePayment Corp. may retain the application whether or not the Lease is approved. TimePayment Corp. and its Authorized Affiliates are authorized to check my credit and employment history for the purposes of determining my credit worthiness at the time of my application or thereafter in connection with the same transaction or extension of credit and for the further purpose of reviewing the account, taking collection activity on the account, and skip tracing. TimePayment Corp. and its Authorized Affiliates are authorized to provide history information to others about my credit standing and your credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside attorneys.

\*APPLICANT #1

Authorized Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

APPLICANT #2

Authorized Signature \_\_\_\_\_

(if applicable)

Print Name \_\_\_\_\_

Date \_\_\_\_\_