



Customer Information Form

Fax to: 866-316-7828

OR

Email to: sziff@leaseoptions.com

Applicant Information

Legal Business Name		Phone
Trade Name		Fax
Billing Address		Years in Business
City, State, Zip	Cell Phone #	Number of Locations
Contact Person	Federal ID #	Business Structure (Corp, LLC, Prop, etc.)
Title	Email address	Website
Total Equipment Cost	Equipment Description	

Personal Information of Officers/Partners/Owners

Name	Home Address, City, State, Zip	Title	SSN
Name	Home Address, City, State, Zip	Title	SSN
Name	Home Address, City, State, Zip	Title	SSN
Name	Home Address, City, State, Zip	Title	SSN

Banking References

Bank Name	Account Number	Phone ()	Fax ()	Contact
Bank Name	Account Number	Phone ()	Fax ()	Contact

Vendor Information

Vendor Name POS Gallery	Vendor Phone ()	Vendor Fax ()	Contact Person / Sales Rep.
Vendor Address, City, State, Zip		Vendor Email address	

Statement

Customer authorizes POS Credit Corporation ("PCC") or its assigns to request, 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.

Signature:	Print Name & Title:	Date:
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