## **Lease Credit Application**



	LESS	SEE INFORMATION			
Full Business Name:					
Address:		/B/A Name			
Street Phone:	Fax:	City	Yrs in Bus:	State	Zip
Contact Name					
Nature of Business:  □ Proprietorship	□ Corporation	□ Partnership	☐ Limited Li	ability Corporat	ion
State of Registration:	Federal Tax ID#:		<del>-</del>		
	BUS	INESS OFFICERS			
Principal #1 Name:		Title:		% Ownership	:
Home Address:			SSN: _		
Street Principal #2 Name:	City	State Zip Title:		% Ownership	:
Home Address:Street	City	State Zip			
	BUSINESS E	SANKING INFORMATIO	)N		
Bank Name:		Bank Conta	ct Name:		
Phone:	Checking / Savin	gs Account #:			
Bank Name:		Bank Conta	ct Name:		
Phone:	Checking / Savir	ngs Account #:			
	EQUIPN	IENT INFORMATION			
Equipment Description					
Equipment Cost	Term:	End of Lease Op	tion (FMV, \$1 out	r):	
	VEND	OR INFORMATION			
Vendor Name:		E-M	ail:		
Address:		Phone:	I	-ax:	
	CREDIT RE	LEASE AUTHORIZATIO	)N		
By signing below, the undersign instruction to M2K Inc. or its as and credit references to release	ssignee, authorizing review o	f his or her personal credit			
Signature:		Title:			
Print Name:		Date:			

Return To Hydra-Test.