



Domestic Lease Application

Date: _____

Applicant Information:

Legal Business Name: _____

Doing Business As (DBA): _____

Web Address: _____ Fed ID #: _____ D&B#: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Phone: _____ Fax: _____ Time in Business: _____

Corporation / L.L.C. / Partnership / Proprietorship (please circle) Type of Business: _____ Industry: _____

Primary Contact Name: _____ Phone: _____ E-Mail: _____

Principle Information:

Guarantor: _____ Title: _____ SSN#: _____ % of Ownership: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work E-Mail: _____ DOB: _____

Annual Salary: _____ Personal Net Worth: _____ Credit Score: _____

Guarantor: _____ Title: _____ SSN#: _____ % of Ownership: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work E-Mail: _____ DOB: _____

Annual Salary: _____ Personal Net Worth: _____ Credit Score: _____

Bank / Financial Information:

Bank: _____ Checking Account #: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Bank: _____ Checking Account #: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Previous Bank: _____ Acct#: _____ Phone: _____

Trade References:

Name: _____ Contact: _____

Acct#: _____ Phone: _____ Web: _____

Name: _____ Contact: _____

Acct#: _____ Phone: _____ Web: _____

Name: _____ Contact: _____

Acct#: _____ Phone: _____ Web: _____

Vendor Information:

Vendor: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Web/E-Mail: _____

Equipment Information:

Equipment Description: _____

_____ New ___ Used ___ Equipment Cost: _____

Lease Type Desired: FMV / 10% / \$1.00 Lease Term Desired: 12mo / 24mo / 36mo / 48mo / 60mo (circle)

Equipment Insurance Information:

Insurance Company: _____ Agent: _____

Phone: _____ Name of Insured: _____

For the purpose of obtaining credit, I certify that the information given in this application and any attached schedules is true and correct and the preceding statements, correctly reflect our financial condition as of the date indicated below and that there has been no material change since then. I hereby authorize any financial institution or other credit reference to verify the information above or provide additional information which International Capital Alliance Inc. or its underwriters may request.

Print Name

Date

Title

Signature

Print Name

Date

Title

Signature