

EUROPEAN GIFT & HOUSEWARE

La Pavoni Espresso Machines

PH: 800-927-0277 FX: 914-664-8291

Contact: Angelo Forzano

APPLICATION FOR EQUIPMENT LEASE FINANCING

| | | | | | | | |
|--|--|----------------------------------|--|--|----------------------|---------------|--|
| B U S I N E S S | Exact Legal Business Name | | Phone | | Fax | | |
| | Billing Address (Street) | | (City) | | (State) (Zip) | | |
| | Type of Business | | Age of Business _____ Years Owned by Current Owners _____ Annual Sales \$ _____ Number of Employees _____ | | | | |
| | Primary Contact Name | | Title _____ Phone _____ Cell Phone _____ Email _____ | | | | |
| O W N E R S H I P | Business Structure <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ Fed. Tax # _____ State and Year of Incorporation _____ | | | | | | |
| | Principal's Name | | Title | % Ownership | Home Phone # | Soc. Sec. No. | |
| | Home Address (Street) | | (City) | | (State) (Zip) | | |
| | Principal's Name | | Title | % Ownership | Home Phone # | Soc. Sec. No. | |
| | Home Address (Street) | | (City) | | (State) (Zip) | | |
| Bank | | Location (city/state) Phone # | | | Contact Title | | |
| E Q U I P M E N T | Equipment Description | | Equipment Cost: \$ _____ | Vendor: _____ Location: _____ Phone #: _____ Contact: _____ | | | |
| | Term <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months | | | | | | |
| | Address where equipment will be located | | City | | State / Zip / County | | |

I hereby authorize Advantage Leasing Corporation or any credit bureau or other investigative agency employed by Advantage Leasing Corporation to investigate the references herein listed as well as any financial statements or any other data obtained from me or from any other person pertaining to my credit and financial responsibility.

***Each owner/partner must provide ownership information & sign application**

| | |
|-----------------|-------|
| X _____ | _____ |
| Signature/Title | Date |
| X _____ | _____ |
| Signature/Title | Date |

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