

## LESSEE INFORMATION

Legally Registered Name		Trade or DBA Name	Primary Contact	
Physical Address, City, State, Zip Code		Business Phone & Extension	Business Fax	
Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit		Cell Phone	E-Mail Address	
Equipment Location, including city, state, & zip				
Years in Business _____ Years   _____ Months (Minimum 2 Years, Under Current Owner)	Number of Employees	Nature of Business	Federal Tax ID	State of Incorporation

## BUSINESS CHECKING INFORMATION

Name of Bank:	Phone #:	Contact:	Account #:	Average Balance:
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## PRINCIPAL INFORMATION: NON PROFITS, PUBLIC COMPANIES, & MUNICIPALITIES MAY LEAVE BLANK

Principal First Name	Last Name	Home Address		
Title	Cell Phone	% Ownership	Social Security Number	
Principal First Name	Last Name	Home Address		
Title	Cell Phone	% Ownership	Social Security Number	

## EQUIPMENT INFORMATION (Please fill out known information)

Equipment Description	Are you purchasing additional equipment for your office you would like to lease, such as phones, computers, Security...?  Circle: YES / NO	Lease Term 36, 48, 60 (circle)	Expected Delivery Date	Purchase Option \$1.00
Estimated Equipment Cost		Shorter Terms Available Upon Request	Other Options Available Upon Request	
Please "X" All That Apply <input type="checkbox"/> New <input type="checkbox"/> Remanufactured <input type="checkbox"/> Used				

## DEALER INFORMATION

Dealer <b>OfficeMakers</b>	Contact <b>John Mingus</b>	Phone Tel: (713) 461-1277 or 1-800-461-3360 Fax: (713) 461-1270	Address 1455 W. Sam Houston Pkwy N. Email Address: jmingus@officemakers.com
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By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes **OfficeMakers, Inc.**, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

**\* ALL PRINCIPLES LISTED ABOVE MUST SIGN THIS APPLICATION.**

Signature X \_\_\_\_\_ Date \_\_\_\_\_ Signature X \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FAX BACK TO 713-461-1270**