



753 Salem Street, Suite 200 Glendale, Ca 91203
T. 818-583-2345 F. 818-484-7266

THIRD PARTY LEASE APPLICATION

REQUEST: LEASE/ FINANCING

CORPORATE INFORMATION:

COMPANY _____
DBA NAME _____
STREET _____
CITY _____ STATE _____
CONTACT _____ ZIP _____
PHONE _____ FAX _____
 CORPORATION PROPRIETORSHIP PARTNERSHIP
DATE ESTABLISHED _____ TYPE OF BUSINESS _____ FED TAX ID # _____

PROVIDER INFORMATION:

PROVIDER: SINTEL SYSTEMS
STREET 753 Salem Street, Suite 200
CITY GLENDALE STATE CA ZIP 91203
PHONE 818-583-2345
FAX # 818-484-7266
ASSIGNED: Sintel Systems

EQUIPMENT INFORMATION:

EQUIPMENT COST _____ TERM _____ OPTION _____
EQUIP. LOCATION (if different from above) _____
EQUIPMENT DESCRIPTION (CHECK) (mfg./make/model) POINT-OF-SALE SYSTEM

TRADE REFERENCE:

COMPANY _____ CONTACT _____ PHONE _____
COMPANY _____ CONTACT _____ PHONE _____
COMPANY _____ CONTACT _____ PHONE _____

BANK REFERENCE:

(If more than one owner please list)

BANK _____ BANK _____
ACCT. # _____ ACCT. # _____
CONTACT _____ CONTACT _____
PHONE _____ PHONE _____
(if account less than 2 years please provide previous bank information)

BUSINESS OWNER / INFORMATION:

(If more than one owner please list)

NAME _____ TITLE: _____ NAME _____ TITLE: _____
STREET _____ STREET _____
CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____
DOB _____ SS# _____ DOB _____ SS# _____

AUTHORIZATION TO RELEASE INFORMATION:

The undersigned individual(s) truthfully representing the individual(s) whose information is provided above, hereby provide written/verbal authorization and instruction to Sintel Systems or its designee (and any assignee or potential thereof) authorizing review of his/her personal credit profile for the purposes of receiving requested financing for the applicant. A copy or facsimile of this authorization shall be valid as the original. The aforesaid authorization shall extend to the applicant's request for financing and to any subsequent requirements as renewal or extension of further credit, collection or updating the applicant's account. The undersigned individual(s) by submitting this application hereby (a) affirm their respective identity as the individual(s) identified herein and to (2) provide upon request an original signature of the within authorization.

APPLICANTS SIGNATURE _____ APPLICANTS SIGNATURE _____
individually And Not in any other capacity individually And Not in any other capacity