

Phone: 305-340-1858 Fax: 888-449-6835 Email: raju@bridgepointinvest.com

## **COMMERCIAL LEASE APPLICATION**

	Company Legal Name & DBA, if applicable (Please Print Below)						
Applicant Business Information	Billing Address			City & State		Zip Code	County
	Delivery Address			<u>City &amp; State</u>		Zip Code	County
	Telephone:		Fax:		Email Address:		
	Contact:			Web Site:			
	Date Incorporated:		Years in Business:		Proprietorship Part		orporation LLC
	Nature of Business:			Federal Tax ID:			
Guarantor Information	Primary Name		Title	<u>SS#</u>		Home Phone	Cell Phone
	Address			City & State		Zip Code	<u>% Owned</u>
	Secondary Name		Title	<u>SS#</u>		Home Phone	Cell Phone
Gua	Address			City & State		Zip Code	<u>% Owned</u>
Business Bank Information	Bank Name	Account #	Officer	Date Open	Telephone	Accour	t Type CD Loan
						Ckg Svg	CD Loan
Busi Inf						Ckg Svg	CD Loan
e Nces	Firm Name	City & State	Officer	Yrs. Known	Telephone	Fax	High Credit
Trade References							
Ř							
Vendor Equipment Information	Vendor Name:						
	Address			City & State		Zip Code	County
	Telephone	<u>E Fax</u> <u>Conta</u>		<u>*</u>		Web Site	
	Equipment Leased:				Cost (without Taxes):		
	New Used (if Used, Year Mfrd):			Lease Term:	Monthly Payment:		

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes BridgePoint Financial Group, Inc. to obtain from third parties, information it deems necessary to arrive at a decision regarding this Application. To help fight terrorism and money laundering, the information you provide will be verified. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes BridgePoint Financial Group, Inc., its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to BridgePoint Financial Group, Inc. by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

Signature

Print

Date

Date

Signature

Print