

BUSINESS INFORMATION

CAPITAL LEASE APPLICATION

LEGAL NAME OF LESSEE (MUST BE AN OPERATING BUSINESS, CAN'T BE INDIVIDUALS)		DBA	FEDERAL TAX ID NO. / EIN (REQUIRED)		
PRIMARY BUSINESS STREET ADDRESS (NO P.O. BOXES)			CITY	PROVINCE	ZIP
NAME OF CONTACT		PRIMARY PHONE NO.	EMAIL		
BUSINESS DESCRIPTION (DETAIL BUSINESS ACTIVITIES - WHAT DOES YOUR COMPANY DO?)		YEARS IN BUSINESS	<input type="checkbox"/> CORP <input type="checkbox"/> SUB S <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> GOV'T/MUNI <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC		
EQUIPMENT LOCATION STREET ADDRESS (NO P.O. BOXES)		CITY	COUNTY	STATE	ZIP

OWNERSHIP INFORMATION Information required for each owner (Sole Proprietor or Managing Partner of Partnership) with an equity interest of 25% or more and each guarantor as well as any one individual with a significant ability to manage or control the entity. Use addendum if needed.

OWNER / PARTNER / MEMBER / GUARANTOR 1	TITLE	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH
HOME STREET ADDRESS	CITY	PROVINCE	ZIP	HOME PHONE NO.
OWNER / PARTNER / MEMBER / GUARANTOR 2	TITLE	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH
HOME STREET ADDRESS	CITY	PROVINCE	ZIP	HOME PHONE NO.
OWNER / PARTNER / MEMBER / GUARANTOR 3	TITLE	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH
HOME STREET ADDRESS	CITY	PROVINCE	ZIP	HOME PHONE NO.

BANK AND SECURED LOAN OR LEASE REFERENCES Use addendum if needed for additional references.

BANK / FINANCE COMPANY	CONTACT	PHONE NO.	ACCOUNT NO.
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BUILDING/PROPERTY INFORMATION

LEGAL NAME OF BUILDING OWNER	DESCRIBE RELATIONSHIP BETWEEN BUILDING OWNER AND BUSINESS OWNER
ROLE OF BUILDING OWNER IN SOLAR LEASE (ONLY IF BUILDING OWNER IS DIFFERENT THAN LESSEE) <input type="checkbox"/> CO-LESSEE <input type="checkbox"/> GUARANTOR <input type="checkbox"/> LANDLORD WAIVER	

TERMS OF SALE

DEALER NAME	EQUIPMENT DESIGNATION <input type="checkbox"/> NEW <input type="checkbox"/> USED	PRODUCT TYPE <input checked="" type="checkbox"/> CAPITAL LEASE	TERM <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7 yrs	END-OF-TERM BUYOUT <input checked="" type="checkbox"/> \$1
EQUIPMENT DESCRIPTION				
SALES PRICE	SALES PRICE TAXES DESCRIPTION <input type="checkbox"/> TAX EXEMPT <input type="checkbox"/> SALES PRICE INCLUDES TAX <input type="checkbox"/> SALES PRICE IS PRE-TAX			

CERTIFICATION AND AUTHORIZATION OF INDIVIDUAL(S) TO RELEASE INFORMATION: Each of the undersigned person(s), individually and on behalf of the above Applicant (collectively the "Signer"), hereby represents to Amsource Capital Ltd and its Assigns (collectively "ACL") that (a) all information provided to ACL in connection with this credit application, including, without limitation, tax returns, financial statements, accountants' statements and the information set forth above, is true and correct and (b) this credit application is made solely in connection with a commercial (and not a personal, family or household) transaction. Signer hereby authorizes ACL and any potential or actual assignees to obtain any business and/or personal financial information, from time to time, including, without limitation, information from any consumer reporting agency, credit bureau or other reporting source regarding Signer's and/or Applicant's credit history, for purposes of (i) evaluating this application, (ii) monitoring any and all leases, loans and other financial transactions entered into as a result of this application, (iii) extending, renewing or amending any such lease, loan or other contract, and/or (iv) evaluating any request by Signer or Applicant for additional credit in the future. Signer hereby authorizes and instructs any consumer reporting agency, financial institution and other persons or entities possessing information about Signer and/or Applicant to furnish ACL with all such information in response to an inquiry from ACL both now and at any time in the future.

By signing this application, the undersigned confirms that the undersigned has read and understands this application and that the information provided in connection with this application is true, correct and complete, and authorizes bank to rely on and use it to evaluate this application.

APPLICANT/AUTHORIZED REPRESENTATIVE/GUARANTOR SIGNATURE	TITLE	DATE
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