

Brandywine Capital Associates, Inc.

100 South Church Street PHONE FAX EMAIL
 West Chester, PA 19382 610-344-2910 610-344-0955 dsalome@brandywinecap.com

David Salome



EQUIPMENT LEASING APPLICATION

B U S I N E S S	FULL LEGAL BUSINESS NAME/LESSEE			DBA (If any)	TELEPHONE EXT	
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	TYPE OF BUSINESS		BUSINESS STRUCTURE		BUSINESS ESTABLISHED (current owner)	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
O W N E R S H I P	CORPORATE GUARANTOR			CONTACT		E-MAIL
	ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	(COUNTRY)
	1 ST PRINCIPAL'S NAME		CELL PHONE		EMAIL	HOME PHONE
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	% of OWNERSHIP <input type="checkbox"/> OWN <input type="checkbox"/> RENT
	2 ND PRINCIPAL'S NAME		CELL PHONE		EMAIL	HOME PHONE
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	% of OWNERSHIP <input type="checkbox"/> OWN <input type="checkbox"/> RENT
	3 RD PRINCIPAL'S NAME		TITLE	% OWNERSHIP		HOME PHONE
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	E-MAIL <input type="checkbox"/> OWN <input type="checkbox"/> RENT
B A N K S	BANK		BRANCH		FAX	TELEPHONE
	NAME ON ACCOUNT		CHECKING ACCT. NO.		AVERAGE BALANCE	
	BANK		BRANCH		FAX	TELEPHONE
	NAME ON ACCOUNT		CHECKING/SAVING ACCT. NO.		CURRENT BALANCE	
T R A D E S	COMPANY NAME		ACCOUNT NO.		TELEPHONE NO.	CONTACT PERSON
E Q U I P	VENDOR		CONTACT		Contact E-MAIL	Contact Cell Phone
	ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	TELEPHONE
	EQUIPMENT TO BE LEASED					
	COST OF EQUIPMENT		TERMS OF LEASE Mos.		MO. PAYMENT (Plus Tax if applicable) \$	LEASE END OPTION
<p>By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Brandywine Capital Associates, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. Furthermore, this authorization provides authority to obtain other credit information, both corporate and personal, in regards to the following; banking and savings commercial/mortgage loan rating including opening date, high credit, term, payments, payment record and rating; equipment leasing or financing. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.</p>						
X Signature		Date		X Signature		Date