Diversity Capital, L.L.C.
800 Industrial Highway
Cinnaminson, NJ 08077
Phone: 856-303-8100
FAX: 215-893-3524

LEASE APPLICATION

VENDOR INFORMATION

VENDOR	SALESPERSON	OK TO CALL CUST FOR ADDT'L INFO ☐YES ☐NO
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER	FAX NUMBER

EQUIPMENT/LEASE INFORMATION

EQUIPMENT DESCRIPTION ☐New ☐Used			LOCATION OF EQUIPMENT IF DIFFERENT THAN LESSEE'S BILLING ADDRESS
LEASE TERM (MONTHS)	EQUIPMENT COST $	ADVANCE PMTS.	MORTGAGE HOLDER OF REAL PROPERTY (NAME, ADDRESS, TELEPHONE NUMBER)
MONTHLY PAYMENT $	PURCHASE OPTION ☐$1.00 ☐10% ☐FMV		OWNER OF REAL PROPERTY (NAME, ADDRESS, TELEPHONE NUMBER)

BUSINESS INFORMATION

FULL LEGAL NAME OF BUSINESS		DBA NAME
BILLING ADDRESS	TELEPHONE NUMBER	FAX NUMBER
FEDERAL TAX ID#	CONTACT	TITLE
TYPE OF BUSINESS	NO. YEARS IN BUSINESS	BUSINESS IS A ☐CORPORATION ☐PARTNERSHIP ☐PROPRIETORSHIP ☐LIMITED LIABILITY CO

OWNER INFORMATION

NAME	SOCIAL SECURITY NO.	HOME ADDRESS
% OWNED / TITLE	HOME TELEPHONE #	
NAME	SOCIAL SECURITY NO.	HOME ADDRESS
% OWNED / TITLE	HOME TELEPHONE #	
NAME	SOCIAL SECURITY NO.	HOME ADDRESS
% OWNED / TITLE	HOME TELEPHONE #	

BANK REFERENCES

A. NAME OF BANK, ADDRESS, TELEPHONE NUMBER		
TYPE OF ACCOUNT (CHECKING, SAVINGS, LOANS)	ACCOUNT NUMBER	DATE OPENED
B. NAME OF BANK, ADDRESS TELEPHONE NUMBER		
TYPE OF ACCOUNT (CHECKING, SAVINGS, LOANS)	ACCOUNT NUMBER	DATE OPENED

MAJOR TRADE REFERENCES

A. NAME, CONTACT PERSON, TELEPHONE NUMBER, ACCOUNT NUMBER
B. NAME, CONTACT PERSON, TELEPHONE NUMBER, ACCOUNT NUMBER
C. NAME, CONTACT PERSON, TELEPHONE NUMBER, ACCOUNT NUMBER

By signing this Lease Application, you authorize Diversity Capital, LLC and/or its Assignees to contact all bank and trade references, run credit and business reports and you authorize all references to release credit information with respect to this Lease Application and from time to time in connection with following up on any matter relating to this proposed lease transaction.

SIGNATURE X _____ **TITLE** _____

PRINT NAME _____ **DATE** _____