

Customer Information Form	 COMMAND SOLUTIONS Your Command Center for IT Products and Services	Questions? Contact us - Angela Blanch Greg Hawthorne Phone 888.233.4692 Fax 315.410.5322 sales@leaseoptions.com
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Applicant Information			
Legal Business Name		Phone	
Trade Name		Fax	
Billing Address		Years In Business	Store ID number
City, State, Zip	Federal ID #	Email	
Contact Person	Cell Phone #	Business Structure (<i>Corp, LLC, Prop, etc.</i>)	

Personal Information of Officers/Partners/Owners (include all major owners' information)				
Name	Home Address, City, State, Zip	Title	SSN	%
Name	Home Address, City, State, Zip	Title	SSN	%
Name	Home Address, City, State, Zip	Title	SSN	%
Name	Home Address, City, State, Zip	Title	SSN	%

Banking References				
Bank Name	Account Number	Phone	Fax	Contact Person

Additional Information		Equipment Information
Intended Address of Equipment (if different than above)		Equipment Description
City, State, Zip		

Comments

Statement

Customer authorizes POS Credit Corporation ("PCC") or its assigns to request, verify and review data or information about the customer, its officers, partners, owners and guarantors including reports from agencies and information from references. PCC is authorized to give credit information about customer to others. All information provided herein is correct and complete. If business credit is denied, customer has the right to a written statement of the specific reasons for the denial. To obtain this statement, please contact PCC at address shown above within 60 days of a denial. A fax or photocopy of this authorization shall be valid as the original.

Print Name & Title	Signature	Date
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