



150-L Greaves Lane – Suite 442
Staten Island, NY 10308
Ph. (718) 605-0395 Fax (718) 605-0480

EQUIPMENT FINANCING APPLICATION (Lease to Own)

LESSEE (List Full Name of Business Entity)

Company Name _____ Federal ID No. _____

Billing Address _____ City/State/Zip _____

Ship To Address _____ City/State/Zip _____

County of Equipment Location _____ Years in Business _____

Phone No. _____ Fax No. _____ Email _____

VENDOR INFORMATION

Vendor Name H. Weiss Machinery & Supply, Inc. Contact Joe Reitano Jr.

Address 150-L Geaves Lane – Suite 442 City/State/Zip Staten Island, NY 10308

Phone No. 718-605-0395 Fax No. 718-605-0480 Email joejr@hweiss.com

EQUIPMENT INFORMATION (For Office Used Only)

Term (No. of Months) _____ Monthly Payment \$ _____ Rental/Security Payment \$ _____
(Last 2 Monthly Payments)

Sales Tax % _____ Tax Exempt No. _____

_____ Monthly Payment calculated with 10% FMV Equipment Buyout Due at Lease End

_____ Monthly Payment calculated with \$1.00 Equipment Buyout Due at Lease End

<u>QUANTITY</u>	<u>DESCRIPTION (MAKE/MODEL/ATTACHMENTS etc.)</u>	<u>UNIT COST</u>

DEPOSIT REQUIREMENT \$ _____ (First Month's Rent)

Deposit must accompany application. Deposit is Refundable if Credit Application is Not Approved

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Name/Title _____ Social Security No. _____

Home Address _____ City/State/Zip _____

Name/Title _____ Social Security No. _____

Home Address _____ City/State/Zip _____

Name/Title _____ Social Security No. _____

Home Address _____ City/State/Zip _____

TRADE REFERENCES (Minimum Two Year History)

Name of Supplier _____ Phone No. _____

Address _____ Contact _____

Name of Supplier _____ Phone No. _____

Address _____ Contact _____

Name of Supplier _____ Phone No. _____

Address _____ Contact _____

BANK REFERENCE (Minimum Two Year History)

Name of Bank _____ Phone No. _____

Address _____ Contact _____

Checking Account No. _____

(Note: Bank Statement "Cover Sheets" for last three months of operation will expedite application)

AUTHORIZATION TO RELEASE CREDIT INFORMATION

We hereby authorize H. Weiss Machinery & Supply, or any lending institution working on H. Weiss Machinery & Supply's behalf, to investigate my/our financial responsibility and credit worthiness. This is my/our authorization for the bank reference(s) listed herein to release any information requested by telephone as part of H. Weiss Machinery & Supply's normal credit procedure.

Name of Applicant (Corporate Name) _____

By: _____ Title: _____ Date: _____

(Signature of Officer)

FAX TO: (718) 605-0480