

Audio/Video Lease Application

www.AudioVideoLease.com

Phone: (952) 440-2226 Fax: (952) 440-2756

Date: _____ Business Name / Lessee: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

County: _____ Phone: _____ Fax: _____

Business type: Corporation Partnership Proprietorship Years in business _____

Date of Incorporation: _____ Type of Business: _____

OWNERS/OFFICERS:

1. Name: _____ Title: _____ % of Ownership _____

Phone: _____ Fax: _____ SSN: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

2. Name: _____ Title: _____ % of Ownership _____

Phone: _____ Fax: _____ SSN: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

BANKING:

Bank Name: _____ Contact: _____

Phone: _____ Checking Acct No. _____ Loan No.: _____

MAJOR TRADE REFERENCES:

1. Name: _____ Contact _____ Phone: _____

2. Name: _____ Contact _____ Phone: _____

3. Name: _____ Contact _____ Phone: _____

I certify that the above information is correct and I authorize the creditors listed above to provide credit information to HCL, Inc.

By: _____ Title: _____ Date: _____

Applicants Signature

By: _____ Title: _____ Date: _____

Applicants Signature

TO BE SUPPORTED BY EQUIPMENT SUPPLIER VENDOR INFORMATION:

Supplier/Vendor: _____ Phone: _____

Contact: _____ Equipment: New Used

Type of Equipment _____

Sale price: _____ Tax Rate: _____ County: _____ Term: _____ Purchase Option: _____

FAX COMPLETED & SIGNED FORM TO: (952) 440-2756