CLASSIC FINANCIAL SERVICES, INC.

Complete Legal Name of Business: _____

Billing Address: _____ City _____ State _____ Zip _____

Business Ph. # _____ Fax # _____ Years in business under present management _____

Type of Business: Corp. _____ State of Corp _____ Limited Partnership _____

Proprietorship _____ LLC _____ General Partnership _____

Description of Business _____ Federal ID #/ SSN # _____

Address of Installation _____ City _____

County _____ State _____ Zip _____

Contact Person: _____ **Cell #** _____ E-mail address: _____

GUARANTORS (List full legal names of those who will personally guarantee Lease.)

By signing below, the undersigned individual as principal of and/or guarantor for the applicant. authorizes Classic Financial Services its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Name _____ Name _____

Home address _____ Home address _____

City _____ State / Zip _____ City _____ State / Zip _____

SS# _____ SS# _____

Home Phone # _____ Home Phone # _____

Title _____ % of ownership _____ Title _____ % of ownership _____

Signature X _____ Signature X _____

CURRENT BANK REFERENCES:

Bank: _____ Checking Account # _____

Phone # _____ Fax # _____ Contact _____

Annual Gross Revenues $ _____ **Monthly Building Rent $** _____

Have you ever had an item repossessed, had a judgment rendered against you or filed bankruptcy ? **Yes** _____ **No** _____

LEASE TERM: Months: **24** **36** **48** **60**

QUANTITY	DESCRIPTION OF EQUIPMENT (Make, Model, Serial #, Year)	UNIT PRICE W/O TAX Unit Price	TOTAL
	Total		

VENDOR _____ CONTACT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX _____ E-Mail _____

For the purpose of securing Credit from You, I/We Certify that the above information is true and Complete to the best of My/our Knowledge. Applicant(s) authorize you to check My/Our Credit and Authorizes all Parties Contacted to release credit and financial information requested as part of said investigation. If your application for credit is denied you have the right to a written statement of specific reasons for the denial. To obtain the statement, Please contact Classic Financial Services, Inc. at P.O. Box 2206 Sandy, Utah 84091 - (801) 561-1924, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Signature _____ **Title** _____ **Date** _____

CLASSIC FINANCIAL SERVICES, INC. PHONE # (801) 938-3043 FAX # 801-208-8201