

Lease Quote

Why Lease?

- Your new equipment either saves you money or increases your income. Either way a **lease allows the equipment to earn its keep as you make payments**. You improve cash flow.
- **Leasing preserves your credit**. Bank lines and other sources are free to finance business expansion.
- Leasing may allow you better **tax benefits** than an outright purchase.
- **More than 80% of businesses now lease part or all of their equipment**.

Quote is good for 30 days from:

APPLICATION

VENDOR INFORMATION

Sales Rep: _____ LEASE TERM _____ APPROX. COST \$ _____
 Equipment: _____

BUSINESS INFORMATION

BUS. NAME _____ FEDERAL ID# _____

ADD./CITY/ST./ZIP/COUNTY _____

CHOOSE ONE: PROPRIETORSHIP PARTNERSHIP CORPORATION LLC OTHER _____

NATURE OF BUS: _____ EMPLOYEES: FULL TIME _____ PART TIME _____

YEARS IN BUSINESS _____ YEARS UNDER CURRENT MANAGEMENT _____ PHONE # _____ FAX # _____

BANK INFORMATION

BANK REFERENCE(S) / ACCOUNT NUMBER(S)	CONTACT	PHONE	CITY & STATE

ALL PRINCIPALS, OFFICERS & STOCKHOLDERS OVER 10%

NAME & TITLE	% OF OWNERSHIP	RPh (Y/N)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME ADDRESS STREET/CITY/STATE/ZIP

AUTHORIZATION

Date: _____ Authorized Signature: _____

LESSEE: (Full Legal Name) _____

Address _____ City _____ State _____ Zip _____

***** SCHEDULE OF PAYMENTS *****

Initial Term _____ Months	Number of Payments _____	Base Rent \$ _____ Plus Applicable Taxes	Refundable Security Deposit \$ _____
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***** SCHEDULE OF EQUIPMENT *****

***** ACCEPTANCE OF LEASED EQUIPMENT *****

EQUIPMENT:

Your signature below acknowledges your acceptance of the equipment described in this lease. You agree that the equipment is satisfactory in all respects for the purposes of this lease. The lease term will begin on the date that you sign this acceptance.

LESSEE:

Acceptance Date: _____

X _____ **Authorized Signature**

Print Name

ADDENDUM - LEASE # _____

***** Addendum "A" - Description of Lease Equipment *****

LEASE # _____ LESSEE:

EQUIPMENT:

*** AUTHORIZATION FOR AUTOMATIC DIRECT PAYMENT ***

LEASE # _____

The lessee named below hereby authorizes Lease Consultants Corporation to initiate entries to debit the account described below:

Name of Lessee:

If your Lease requires a Security Deposit or Advanced Payment, please attach a check to pay for those charges to this form. If your Lease does not require any payment at inception, please attach copy of a voided check to this form.

This authority is to remain in full force and effect until Lease Consultants Corporation has received written notification from lessee of its termination. To cancel, write to Lease Consultants Corporation, P.O. Box 71397, Des Moines, IA. 50325.

The person signing below warrants that he/she is authorized to execute this Authorization on behalf of lessee. For your convenience, we may accept a facsimile copy of this Authorization with facsimile signatures. You agree a facsimile copy will be treated as an original and will be admissible as evidence of this Authorization.

Lessee:

X _____
(Authorized Signature)

Print Name

DATE: _____

For Use by Lease Consultants Corporation:
Input _____ Date _____

