

BUSINESS	BUSINESS NAME/LESSEE			TELEPHONE ()				
	STREET ADDRESS			FAX ()				
	CITY/STATE/ZIP			COUNTY		MOBILE ()		
	TYPE OF BUSINESS		BUSINESS START DATE	YRS UNDER CURRENT OWNERSHIP		FED. TAX I.D.		
	CONTACT NAME	E-MAIL ADDRESS		ANNUAL SALES		EXEMPT FROM STATE SALES/USE TAX?		
	LOCATION OF EQUIPMENT (STREET/CITY/STATE/ZIP/COUNTY)					HAS COMPANY/OWNER(S) EVER DECLARED BANKRUPTCY?		
<p>By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction and authority to Red Mountain Bank, N.A. or its Designee as well as an in addition to any assignee or potential assignee thereof authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original.</p>								
OWNERSHIP	<input type="radio"/> PROPRIETORSHIP <input type="radio"/> PARTNERSHIP <input type="radio"/> C-CORP <input type="radio"/> S-CORP <input type="radio"/> NON-PROFIT <input type="radio"/> LLC					STATE OF INCORPORATION		
	PRINCIPAL'S NAME #1		TITLE	SOCIAL SECURITY NUMBER		HOME PHONE	% OF OWNERSHIP	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	Own <input type="checkbox"/> Rent <input type="checkbox"/>	How Long?	SIGNATURE:
	PRINCIPAL'S NAME #2		TITLE	SOCIAL SECURITY NUMBER		HOME PHONE	% OF OWNERSHIP	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	Own <input type="checkbox"/> Rent <input type="checkbox"/>	How Long?	SIGNATURE:
	PRINCIPAL'S NAME #3		TITLE	SOCIAL SECURITY NUMBER		HOME PHONE	% OF OWNERSHIP	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	Own <input type="checkbox"/> Rent <input type="checkbox"/>	How Long?	SIGNATURE:
	BANK REFERENCES	BANK #1		BRANCH/CITY		CONTACT		TELEPHONE ()
		ACCOUNT UNDER THE NAME OF		ACCOUNT NUMBER				<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN
		BANK #2		BRANCH/CITY		CONTACT		TELEPHONE ()
		ACCOUNT UNDER THE NAME OF		ACCOUNT NUMBER				<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN
	LOANS/LEASES	LOAN/LEASING COMPANY #1		ORIGINAL LOAN/LEASE AMOUNT				
START DATE (MONTH/YEAR)		TERM/MONTHLY PAYMENT		ACCOUNT NUMBER				
LOAN/LEASING COMPANY #2		ORIGINAL LOAN/LEASE AMOUNT						
START DATE (MONTH/YEAR)		TERM/MONTHLY PAYMENT		ACCOUNT NUMBER				
TRADE REFERENCES	COMPANY NAME		ADDRESS		CONTACT		TELEPHONE	
TRANSACTION SUMMARY	Equipment Cost (exclusive of sales tax)		Term		Payment		Purchase Option	
	Supplier of Equipment		Contact		Phone Number ()		New Used If used, yr. of mfgr.	
	Equipment Description (Mfg., Model Number., S/N, - Attach Sales Order if Available)							

CREDIT RELEASE AUTHORIZATION

I hereby certify that the information contained in this lease application is true and accurate and I hereby authorize our banks, trade references, and financial institutions the right to release credit information. In states where permissible, I hereby authorize the filing and recording of UCC financing Statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute Lessee's/debtors name thereto. A photostat copy of this authorization shall be as valid as the original.

SIGNATURE _____ Title _____ Date _____