

# MBS Financial, LLC

Commercial Finance Group

P.O. Box 1755 1 N. Jefferson Ave.  
West Jefferson, NC 28694  
Office: 336-219-0105  
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## Lease Application

Company Name:		DBA:			
Street Address:		City		State	Zip Code
Phone: ( )		Fax: ( )		County:	
Sole Proprietor:		Partnership:	Corporation:	Federal ID#:	Years In Business:
Contact Name:		Contact Title:		Nature Of Business:	
Principal's Name:		Title:		SSN#:	
Home Street Address:		City		State	Zip Code
Home Phone: ( )		Business Ownership%:			
Principal's Name:		Title:		SSN#:	
Home Address:		City		State	Zip Code
Home Phone: ( )		Business Ownership%:			
Bank:		Account #:		Type:	
Street Address:		City:		State:	Zip Code:
Phone:	( )	Fax:	( )	Contact:	
Trade Ref. 1.		Contact:		Phone: ( )	
Trade Ref 2.		Contact:		Phone: ( )	
Trade Ref. 3.		Contact:		Phone: ( )	
Type Of Equipment to be purchased:		Equipment Cost:		Term:	
Equipment Description:					
Vendor Company Name:			Contact:		
Address:		City		State	Zip
Phone: ( )		Fax: ( )		E-Mail:	
List Receivables Monthly:					
<i>By signing below, the undersigned individual(s) provides this written instruction to MBS Financial, LLC, or its assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. I/we agree to grant MBS Financial, LLC access to credit information for no greater than 90 days. A photostat or facsimile copy of this authorization shall be valid as the original. By signing below, I/we affirm our identity as the respective individual(s) identified in the related application.</i>					
By:		Title:		Date:	