

AGENT:

LEASESOURCE

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Phone: 704-845-5600 / 800-813-0725

Fax: 704-845-5605 / 888-813-2789

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Tampa, FL 33615

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INFORMATION for your Lease Approval -- FAX application to 888-813-2789

1. Corporate or Business Name _____

DBA Name _____

Address _____

City _____ County _____ State _____ Zip _____

Phone _____ FAX _____ email _____

2. Equipment Location: Same _____ Other _____

3. Type of Business _____ Years in Business _____ Total Years Same Owner _____

4. Principals: President, Owners, Partners

Name	Title	Home Address & Zip	Social Security
_____	_____	_____	_____
_____	_____	_____	_____

Fed Tax ID # _____ Proprietorship _____ Partnership _____ Corporation _____ LLC _____

5. Description of Equipment _____

Approximate Equipment Cost: \$ _____ New _____ Used _____

6. Lessee's Bank & Branch _____ Contact _____

City & State _____ Years @ bank _____ Telephone _____

Acct. # _____ *If lessee has been banking at above less than two years, give former bank

Former or Other Bank _____ Contact _____

Acct#: _____ Telephone _____

7. Trade References (businesses where you have lines of credit, leases or business accounts)

Name	Phone #	Contact
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Please include a copy of the last 3 bank statements (First summary page of each).

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes LeaseSource or its assign, (or Broker/Lessor), 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.

Signature _____ Date _____

Signature _____ Date _____