



2475 Satellite Blvd. • Duluth, Georgia 30096-5805
 (770) 813-8818 • Toll Free 800-292-1837 • Fax Line (770) 813-8263 • Toll Free Fax Line 888-770-4039 • www.scmgroup-usa.com

LEASE APPLICATION

FULL COMPANY NAME			CONTRACT		
ADDRESS		CITY		STATE	ZIP
TELEPHONE #	CELL #	FAX #		FED. TAX I.D.#	
TYPE OF BUSINESS <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			NO. YRS IN BUSINESS	EQUIPMENT COST	
EQUIPMENT DESCRIPTION			PURCHASE OPTION	PAYMENT AMOUNT	
			\$101 10% \$1	LEASE TERM	
MACHINE DEALER		SALESMAN		TELEPHONE #	

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. If such statement is requested in writing within 60 days from the date you are notified of the denial decision. To obtain the statement, please contact 1-800-292-1837. We will send you a written statement of reasons for the denial within 30 days of receiving your request. **NOTICE:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the base of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC.

PERSONAL DATA			
NAME	TITLE	% OF OWNERSHIP	SOCIAL SECURITY #
HOME ADDRESS		CITY	STATE
			ZIP
NAME	TITLE	% OF OWNERSHIP	SOCIAL SECURITY #
HOME ADDRESS		CITY	STATE
			ZIP
INSURANCE AGENT			TELEPHONE #

REFERENCE DATA		
REFERENCES (LIST BANK OR BANKS. PREVIOUS BANK REQUIRED IF APPLICANT HAS BEEN AT PRESENT BANK LESS THAN TWO YEARS.)		
PRESENT BANK OF APPLICANT		
BRANCH	PHONE	
NAME OF BANK OFFICER	ACCOUNT NO.	
LOAN OR TRADE REFERENCES NAME AND ADDRESS	PHONE	CONTACT

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge, and I hereby authorize our banks, trade references and financial institutions the right to release credit information to SCMI Leasing or its assigns.

LESSEE AUTHORIZATION TO RELEASE INFORMATION

The undersigned individual, who is either a principal of the credit applicant or a sole proprietor of the credit applicant recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor and its assigns, from time to time as may be needed, in the credit evaluation process.

X AUTHORIZED SIGNATURE & TITLE REQUIRED

X AUTHORIZED SIGNATURE & TITLE REQUIRED