

# Credit Application

Fax to: 800-451-5360



NEC FINANCIAL SERVICES, INC.

300 FRANK W. BURR BLVD. TEANECK, NJ 07666 • (201) 287-8300 • Fax (201) 287-9555 www.neclease.com info@neclease.com

EXISTING CUSTOMER YES  NO  If yes, Account #

FINANCIAL STATEMENTS MAY BE REQUIRED

SUPPLIER INFORMATION

SUPPLIER NAME AND ADDRESS		Phone	Can NEC Financial contact the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Fax	LEASE DOCUMENTS:
Sales Rep Name		E-mail	<input type="checkbox"/> I will prepare documents <input type="checkbox"/> I want NEC Financial to prepare documents Send To: <input type="checkbox"/> Supplier <input type="checkbox"/> Customer Send Via: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail

LEASE INFORMATION

## EQUIPMENT / SOFTWARE DESCRIPTION

Estimated Installation Date: \_\_\_\_\_

Equipment Cost	\$ _____	Lease Rate Factor	LEASE TYPE	LEASE TERM
Software Cost*	\$ _____	Lease Payment	\$ _____	
* Not available for FMV, Blended Rates may be required		(Lease Payment = Lease Rate Factor x Total Cost)		
Sub-Total	\$ _____	Advance Rentals	# _____ = \$ _____	
Sales Tax	\$ _____ %	Sales Tax Rate	Security Deposit	\$ _____ Promotion _____
Total Cost	\$ _____			

CUSTOMER INFORMATION

COMPLETE LEGAL COMPANY NAME					Headquarters Information				
Trade Style/DBA: _____					Address: _____				
Nature of Business: _____ Federal Tax ID# (FID): _____					City, State, Zip: _____				
Contact: _____ Phone: _____					INSTALLATION ADDRESS (if different from above address)				
Email: _____ Fax: _____					Address: _____				
Lease Signer: _____ Title: _____					City, State, Zip: _____				
					Will you be moving to the installation location? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Corporation	Proprietorship	General Partnership	LTD	LLC	LLP	PC	PA	Not for Profit	Government
Business Start Date: _____					Bankruptcy History: <input type="checkbox"/> No <input type="checkbox"/> Yes/When: _____				
State of Inc./Organization					Organizational # _____ If you are Sales Tax Exempt, please attach copy of certificate.				
Parent Company (if applicable): Company is a Subsidiary Division Affiliate					Equipment Installation Location: Own Rent				
Name: _____					Landlord/Owner: _____				
HQ Address: _____					Address: _____				
City, State, Zip: _____					Contact: _____ Phone: _____				
Name/Title: Principal Owner Partner Officer Member					Name/Title: Principal Owner Partner Officer Member				
Name: _____					Name: _____				
Home Address: _____					Home Address: _____				
City, State, Zip: _____					City, State, Zip: _____				
Email: _____					Email: _____				
Home Phone: _____ Social Security # _____ - _____ - _____					Home Phone: _____ Social Security # _____ - _____ - _____				
Bank Name: _____					Trade Reference: _____				
Branch: _____ How Long: _____					City & State: _____				
Checking Acct# _____ Loan Acct # _____					Account # _____ How Long: _____				
Contact Name: _____					Contact Name: _____				
Phone: _____ Fax: _____					Phone: _____ Fax: _____				

I / We grant NEC Financial Services, Inc. or its Agent's permission to investigate my/our financial responsibility and credit worthiness, and authorize release of any personal or business information accordingly. I/We agree to make available financial statements, tax returns, etc., upon request. I/We acknowledge that the Advance Rental(s) and/or Security Deposit(s) are not refundable if NEC Financial approves our application for credit. I/We certify that this application for credit is for commercial purpose and not for personal, family or household purposes.

Authorized Signature and Title

X

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

By execution of the Credit Application and Lease Agreement, I / We warrant that the information submitted herein is true and correct.