



EQUIPMENT LEASE APPLICATION

STEP 1: COMPLETED BY VENDOR ONLY (SHADED AREA)

VENDOR INFORMATION (VENDOR ONLY)

Vendor's Name ATMS, LLC	Vendor Code	Contact James Lowe	Telephone # (513) 424-1023	FAX # (614) 559-6531
Street Address 1010 N. University Blvd.	City Middletown	State Ohio	Zip 45042	

PAYMENT PLAN (VENDOR ONLY)

Desired Term (months)	Factor Used	Est. Lease Payment	End of Term Option: <input type="checkbox"/> \$1.00 Buyout <input type="checkbox"/> 10%/FMV Buyout	Advanced Pmts
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EQUIPMENT TO BE LEASED (Vendor attach quotation or separate list if necessary)

Description (include make, model and serial number)	Equipment Cost
Description (include make, model and serial number)	Equipment Cost

STEP 2: COMPLETED BY LESSEE

LESSEE (Complete legal name of entity. Use exact registered name.)

Company, Store Number & DBA			Type of Business Entity: <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> Proprietorship		Federal Tax I.D. #
Billing Address	City	County	State	Zip	
Store Address (if different)	City	County	State	Zip	
Telephone #	Fax#	Contact Person	Years in Business (current ownership)		

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS (20% or greater ownership)

Name	Title	% Ownership	SSN#
Home Address	City	State	Zip Home Phone #
Name	Title	% Ownership	SSN#
Home Address	City	State	Zip Home Phone #

COMPANY BANK REFERENCES

Name of Bank/Branch	City/State	Checking Account #	Telephone #	Contact Officer
		Loan Account#		

STEP 3: ATTACH SUPPLEMENTAL FINANCIAL INFORMATION (requests greater than \$50,000)

I understand this equipment application may be approved based upon my business and personal credit. I hereby authorize you to check references, bank accounts and credit information.

Signature 1:	Signature 2:
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STEP 4: FAX CREDIT APPLICATION PACKAGE

Fax to: (614) 559-6531	Contact: James D. Lowe (513) 424-1023
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