



Phone: 800-960-5202

Fax: 888-449-6835

COMMERCIAL LEASE APPLICATION

Applicant Business Information	Company Legal Name & DBA, if applicable (Please Print Below)						
	<u>Billing Address</u>			<u>City & State</u>		<u>Zip Code</u>	<u>County</u>
	<u>Delivery Address</u>			<u>City & State</u>		<u>Zip Code</u>	<u>County</u>
	Telephone:		Fax:		Email Address:		
	Contact:				Web Site:		
	Date Incorporated:	Years in Business:		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
Nature of Business:					Federal Tax ID:		
Guarantor Information	<u>Primary Name</u>		<u>Title</u>	<u>SS#</u>		<u>Home Phone</u>	
	<u>Address</u>			<u>City & State</u>		<u>Zip Code</u>	<u>% Owned</u>
	<u>Secondary Name</u>		<u>Title</u>	<u>SS#</u>		<u>Home Phone</u>	
	<u>Address</u>			<u>City & State</u>		<u>Zip Code</u>	<u>% Owned</u>
Business Bank Information	<u>Bank Name</u>	<u>Account #</u>	<u>Officer</u>	<u>Date Open</u>	<u>Telephone</u>	<u>Account Type</u>	
						<input type="checkbox"/> Ckg <input type="checkbox"/> Svg <input type="checkbox"/> CD <input type="checkbox"/> Loan	
						<input type="checkbox"/> Ckg <input type="checkbox"/> Svg <input type="checkbox"/> CD <input type="checkbox"/> Loan	
Trade References	<u>Firm Name</u>	<u>City & State</u>	<u>Officer</u>	<u>Yrs. Known</u>	<u>Telephone</u>	<u>Fax</u>	<u>High Credit</u>
Vendor Information	Vendor Name: adsLED Incorporated						
	<u>Address</u>			<u>City & State</u>		<u>Zip Code</u>	<u>County</u>
	9111 Jollyville Rd, Suite 107			Austin, TX		78759	
	<u>Telephone</u>	<u>Fax</u>	<u>Contact</u>		<u>Web Site</u>		
	800-455-1955	512-343-9211			www.adsled.com		
Equipment Leased:				Cost (without Taxes): \$			
<input type="checkbox"/> New <input type="checkbox"/> Used (if Used, Year Mfrd):			Lease Term:		Monthly Payment: \$		

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes BridgePoint Financial Group Inc. /adsLED Inc. Financial Group to obtain from third parties, information it deems necessary to arrive at a decision regarding this Application. To help fight terrorism and money laundering, the information you provide will be verified. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes BridgePoint Financial Group Inc. /adsLED Inc. Financial Group, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to BridgePoint Financial Group Inc. /adsLED Inc. Financial Group by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

Signature

Print

Date

Signature

Print

Date