

Alliance Capital Ventures, Inc.

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Marc Brinks

EQUIPMENT LEASING APPLICATION

CIRCLE APPROPRIATE BUSINESS STRUCTURE: PROPRIETORSHIP, PARTNERSHIP, CORPORATION (C-CORP OR S-CORP)					
B U S I N E S S	BUSINESS NAME/LESSEE		CONTACT		TELEPHONE
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY) (ZIP CODE)
	NATURE OF BUSINESS(OR SIC CODE)	APPROX ANNUAL REVENUE \$	FAX NUMBER		AGE OF BUSINESS FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET) *If different from above.		(CITY)	(STATE)	(COUNTY) (ZIP CODE)

O W N E R S H I P	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE) (ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
R E S I D E N T	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE) (ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	

B A N K S	BANK	CONTACT	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	CURRENT BALANCE	
	BANK	CONTACT	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	CURRENT BALANCE	

C R E D I T	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

E Q U I P M E N T	VENDOR			CONTACT
	ADDRESS (STREET)			(CITY) (STATE) (ZIP CODE) TELEPHONE
	EQUIPMENT TO BE LEASED			FAX
	COST OF EQUIPMENT \$	TERM OF LEASE	LEASE END PURCHASE OPTION	

I hereby authorize Alliance Capital Ventures or its correspondent financing partners or other investigative agencies employed by Alliance Capital Ventures to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility. I hereby warrant that I have requisite authority to engage in and negotiate this financing application.

X _____
 SIGNATURE/TITLE _____
 DATE