

# CML USA, Inc. Scott O'Dell

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E-MAIL: Smodell@aelfinancial.com

Marketing Representative Scott O'Dell

Marketing Administrator \_\_\_\_\_

ATS Number \_\_\_\_\_

Rate Factor \_\_\_\_\_

Structure \_\_\_\_\_

Date Application Received \_\_\_\_\_

## LESSEE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

NAME OF PERSON TO CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

(CHECK ONE)  CORPORATION  PARTNERSHIP  PROPRIETORSHIP

## VENDOR NAME

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

VENDOR SALESPERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

QUANTITY	DESCRIPTION			
	PROPERTY COST _____ EXCLUDES TAX			
PROPERTY LOCATION IF OTHER THAN ABOVE ADDRESS OF APPLICANT:				
TERM OF LEASE NO. OF MONTHS	PAYMENTS DUE	AMOUNT OF EACH RENT PAYMENT	TOTAL INITIAL PAYMENT	INITIAL PAYMENT REPRESENTING PAYMENT FOR FIRST AND LAST
	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY	_____		<input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE (OTHER) _____
TYPE OF BUSINESS			YEARS IN BUSINESS	DUNS # _____ D&B RATING _____
BANK REFERENCE AND TERM DEBT REFERENCE PRINCIPAL BANK, NAME, ADDRESS, PHONE NO AND FAX NO.			ACCOUNT NO.	OFFICER TO CONTACT
1.				
2.				
3.				
TRADE REFERENCE AND TERM DEBT REFERENCE TRADE REFERENCES NAME, ADDRESS, PHONE NO. AND FAX NO.			ACCOUNT NO.	CONTACT
1.				
2.				
3.				
PRINCIPAL/ GUARANTORS				
1. NAME:			SSN	
HOME ADDRESS:			HOME PHONE	
2. NAME:			SSN	
HOME ADDRESS:			HOME PHONE	

I hereby certify that the information contained in this lease application is true and accurate and I hereby authorize our banks, trade references, and financial institutions the right to release credit information. In states where permissible, I hereby authorize the filing and recording of UCC financing Statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute Lessee's name thereto. A Photostat copy of this authorization shall be as valid as the original.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth (for individuals), and other information that will allow us to identify you. We may also ask to see your driver's license (for individuals) or other identifying documents.

Signature

Title

Date