



Your Alternative Funding Source.

kimco leasing

1910 St. Joe Center Road — Suite 12
Fort Wayne, Indiana 46825-6028
260/483-0339 • Fax: 260/483-0955

AUTHORIZATION TO RELEASE INFORMATION

MY(OUR) SIGNATURE(S) BELOW AUTHORIZES KIMCO LEASING TO MAKE ANY FINANCIAL/PERSONAL INQUIRES IT DEEMS TO BE NECESSARY IN CONNECTION WITH MY(OUR) LEASE APPLICATION AND UNTIL THE LEASE AGREEMENT IS PAID IN FULL.

THIS AUTHORIZATION INCLUDES BUT IS NOT LIMITED TO; REQUEST FOR VERIFICATION OF EMPLOYMENT, VERIFICATION OF DEPOSIT ACCOUNTS, VERIFICATION OF MORTGAGE ACCOUNTS AND ANY OTHER FINANCIAL INFORMATION REQUIRED BY KIMCO LEASING.

I(WE) HEREBY AUTHORIZE AND INSTRUCT ANY FINANCIAL INSTITUTION OR CONSUMER REPORTING AGENCY TO COMPILE AND FURNISH ANY FINANCIAL OR PERSONAL INFORMATION IT MAY HAVE, OR OBTAIN, IN RESPONSE TO SUCH CREDIT INQUIRIES.

X _____
DATE

X _____

X _____



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**LEASE
APPLICATION**

COMPANY/CORP. LEGAL ADDRESS

LESSEE (important to list legal name of entity)

COMPANY			TAX I.D. / SOCIAL SECURITY NUMBER	
BILLING ADDRESS	CITY	COUNTY	STATE	ZIP
TELEPHONE NO. ()	CONTACT PERSON		TITLE	
NATURE OF BUSINESS	TYPE OF BUSINESS <input type="checkbox"/> Non-profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		NUMBER OF YEARS IN BUSINESS	

EQUIPMENT LOCATION (Complete only if different from Lessee's billing address)

ADDRESS	CITY	COUNTY	STATE	ZIP	CELL PHONE
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Schedule of Payments

Term of Lease (in months)	Payment Factor	Amount of each Payment	Purchase Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/>	Advance Rental Payments
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VENDOR / SUPPLIER COST

VENDOR NAME	CONTACT PERSON	EQUIPMENT COST \$
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EQUIPMENT TO BE LEASED (Attach separate list if necessary)

DESCRIPTION

PERSONAL INFORMATION ON OWNER(S) / GUARANTORS

NAME	TITLE	SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP
		HOME PHONE NUMBER ()	
NAME	TITLE	SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP
		HOME PHONE NUMBER ()	

COMPANY BANK REFERENCES - TWO YEAR HISTORY (Important to establish any loan history)

NAME OF BANK / BRANCH	HOW LONG	CHKG. ACCT. # LOAN ACCT. #	TELEPHONE NUMBER ()	CONTACT OFFICER
NAME OF BANK / BRANCH	HOW LONG	CHKG. ACCT. # LOAN ACCT. #	TELEPHONE NUMBER ()	CONTACT OFFICER

PERSONAL BANK REFERENCES

NAME OF BANK / BRANCH	HOW LONG	CHKG. ACCT. # LOAN ACCT. #	TELEPHONE NUMBER ()	CONTACT OFFICER
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BUSINESS REAL ESTATE

Do you: own rent (Complete Applicable Information Only)

DATE ACQUIRED	COST	MARKET VALUE	MORTGAGE AMOUNT
MORTGAGEE	ACCOUNT #	TELEPHONE NUMBER ()	
LANDLORD	TELEPHONE NUMBER ()		

TRADE REFERENCES - TWO YEAR HISTORY (Important to establish high credit and payment history)

NAME OF SUPPLIER	CITY / STATE	TELEPHONE NUMBER ()	CONTACT PERSON
NAME OF SUPPLIER	CITY / STATE	TELEPHONE NUMBER ()	CONTACT PERSON

Credit Release Authorization: I claim that the information contained on this application is true and correct and I hereby authorize my banks, suppliers, lessors, financial institutions, credit agencies and other creditors to release credit information.

SIGNATURE OF APPLICANT

X