

B U S I N E S S	BUSINESS NAME/LESSEE				TELEPHONE	
	ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	FAX NUMBER	
	TYPE OF BUSINESS		Date Business Established		FED. TAX NO.	
	LOCATION OF EQUIPMENT (STREET)			(CITY)	(STATE)	(ZIP CODE)

O W N E R S H I P	Business Structure <u> </u> Corporation <u> </u> Partnership <u> </u> Proprietorship <u> </u> L.L.C.						
	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	DRIVER'S LIC. NO.
	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	DRIVER'S LIC. NO.
	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	DRIVER'S LIC. NO.
	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	DRIVER'S LIC. NO.	

B A N K S	BANK NAME	BRANCH	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	BANK OFFICER NAME	
	BANK NAME	BRANCH	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	BANK OFFICER NAME	

T R A D E S	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

E Q U I P M E N T	VENDOR NAME			CONTACT	
	ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	TELEPHONE
	EQUIPMENT TO BE LEASED (Attach List)				
	COST OF EQUIPMENT \$	TERMS OF LEASE	RATE / MO. PAYMENT	DEPOSIT REC'D \$	

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal of extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/We affirm my/our identity as the respective individual(s) identified in the above application.

I hereby authorize B&D Dental Technologies or any credit bureau or other investigative agency employed by B&D Dental Technologies 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.

X _____
SIGNATURE/TITLE

X _____
SIGNATURE/TITLE

DATE

DATE