



Credit Application

Vendor Information

Toll Free Phone:
Toll Free Fax:
DVM@LEAFnow.com

Vendor Name: _____

Business Information

Company Name		Phone Number	Fax Number		
Address		City	State	County	Zip
Contact Name		Years In Business	Federal Tax ID		
Contact Email Address		Web Site Address			
Business Type: <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC					

Equipment Information

No. Of Units	Manufacturer	Model No.	TOTAL COST: \$ _____		
<input type="checkbox"/> New	<input type="checkbox"/> Used	Term _____	Payment Quoted _____	Purchase Option: <input type="checkbox"/> FMV <input type="checkbox"/> \$1 Out <input type="checkbox"/> Other _____	
Equipment location if different than above:					
Address		City	State	County	Zip

References BANK REFERENCE

Name Of Bank	Branch	Account No.	Contact	Phone No.
_____	_____	_____	_____	_____
Name Of Bank	Branch	Account No.	Contact	Phone No.
_____	_____	_____	_____	_____

Personal Data (Required For Sole Proprietors & Partnerships)

Name	Social Security No.	% Of Ownership		
_____	_____	_____		
Address	City	State	County	Zip
_____	_____	_____	_____	_____
Name	Social Security No.	% Of Ownership		
_____	_____	_____		
Address	City	State	County	Zip
_____	_____	_____	_____	_____

Acknowledgement and Authorization

The undersigned verifies the accuracy of all the information contained in this application and authorizes LEAF Capital Funding, LLC and its designees to obtain additional information concerning the undersigned's business and/or personal credit standing (which may include personal credit bureau reports). The undersigned certifies that this application is for business purposes and not for personal, family or household purposes. The undersigned stands advised that any advance payment or security deposit is not refundable.

Name	Signature	Title	Date
_____	_____	_____	_____

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 business customer opening an account.

What this means for you: When you open a business account, we will ask for the name, address, and other additional information that will allow us to identify the business. To verify this information, we may obtain reports from third parties, such as credit reporting agencies. We may also ask to see organization documents for your business.

If your application for business credit is denied, you may be entitled to a written statement of the specific reasons for the denial. To request the statement, please contact LEAF at: One Commerce Square, 2005 Market Street, 14th Floor, Philadelphia, PA 19103, Attn: Credit Dept. within 60 days from the date you are notified of LEAF's decision. LEAF will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning the creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.