

## Business and Personal Information

LESSEE FULL COMPANY NAME		DATE ESTABLISHED UNDER CURRENT OWNERSHIP	
LESSEE FULL COMPANY ADDRESS		TELEPHONE NO.	
DBA OR PARENT COMPANY NAME		FEDERAL TAX ID NO.	
LESSEE CONTACT, TITLE	DESCRIPTION OF BUSINESS	BUSINESS TYPE <i>Proprietorship Partnership Corporation</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
GUARANTOR (President/Owner)	TITLE	% OWNERSHIP	SOCIAL SECURITY NO.
GUARANTOR HOME ADDRESS			
GUARANTOR (President/Owner)	TITLE	% OWNERSHIP	SOCIAL SECURITY NO.
GUARANTOR HOME ADDRESS			

Reference	Contact	Account No.	Phone No.
BANK			
LEASING COMPANY/CREDITOR			
TRADE			
TRADE			
TRADE			
INSURANCE AGENT			

## Transaction Information

EQUIPMENT COST	LEASE TERM	MONTHLY PAYMENT	END OF TERM OPTION
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By signing below, each undersigned individual(s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Sunshine Capital Equipment Finance Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. I authorize all deposit, borrowing, and trade information to be released to the Lessor. I represent all information is true, correct and complete. A photo static or facsimile copy of this authorization shall be as valid as the original.

X \_\_\_\_\_  
 APPLICANT'S SIGNATURE (Required)  
 \_\_\_\_\_  
 DATE PRINTED NAME

X \_\_\_\_\_  
 APPLICANT'S SIGNATURE (Required)  
 \_\_\_\_\_  
 DATE PRINTED NAME

### Send completed application to:

Craig Danko Phone 216-509-1147  
 Fax 239-561-9960