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 (704) 688-9570 fax
 www.innovativeleasing.com

CONTACT:

CORPORATE INFORMATION:		VENDOR INFORMATION:	
COMPANY _____	DBA NAME _____	VENDOR NAME _____	STREET _____
STREET _____	CITY _____ STATE _____	CITY _____ STATE _____ ZIP _____	PHONE _____ FAX _____
CITY _____ STATE _____	CONTACT _____ ZIP _____	PHONE _____ FAX _____	SALES REP _____
PHONE _____ FAX _____	EMAIL _____		
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP			
DATE ESTABLISHED _____	TYPE OF BUSINESS _____	FED TAX ID # _____	

EQUIPMENT INFORMATION:		
EQUIPMENT COST <small>(excluding sales tax)</small> _____	TERM _____	OPTION _____
EQUIP. LOCATION <small>(if different from above)</small> _____	COUNTY _____	
EQUIPMENT DESCRIPTION <small>(mfg./make/model)</small> _____		

TRADE REFERENCE:		
COMPANY _____	CONTACT _____	PHONE _____
COMPANY _____	CONTACT _____	PHONE _____
COMPANY _____	CONTACT _____	PHONE _____

BANK REFERENCE:	CREDIT REFERENCE (LEASE OR LOAN):
BANK _____	CREDITOR _____
ACCT. # _____	ACCT. # _____
CONTACT _____	CONTACT _____
PHONE _____ <small>(if account less than 2 years please provide previous bank information)</small>	PHONE _____ <small>(Provide only if requested amount is over \$50,000.00)</small>

BUSINESS OWNER / INFORMATION:	(If more than one owner please list)
NAME _____	NAME _____
STREET _____	STREET _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
TITLE _____ SS# _____	TITLE _____ SS# _____

AUTHORIZATION TO RELEASE INFORMATION:	
<p>The undersigned individual(s), who have agreed to serve as guarantors of the payment obligations of the applicant and who also recognizes that his or her individual credit history may be a factor in evaluation of the credit of the applicant, hereby provides written authorization to Innovative Capital Corp. and its funding source to obtain, use, review and consider the personal credit report, and to contact banking and other appropriate credit references of the undersigned individual(s) in connection with the requested financing for the applicant. The aforesaid authorization shall extend to the applicant's request for financing and to any subsequent requirements as renewal or extension of further credit, collection or updating the applicant's account. By signing below, the undersigned individual(s) hereby (a) affirm their respective identity as the individual(s) identified herein and that their signatures below are their true and accurate signature, (2) provide upon request an original signature of the within authorization and (3) agree that a Photostat or facsimile copy of this authorization shall be valid and may be used as if it were an original.</p>	
APPLICANTS SIGNATURE _____, individually <small>And Not in any other capacity</small>	APPLICANTS SIGNATURE _____, individually <small>And Not in any other capacity</small>

PLEASE FAX BACK TO (704)688-9570