

Please complete the following
form and fax it to us.

Fax 303.754.2066



Lease Application

Lessee Information

Company Legal Name & DBA:				
Federal Tax ID:	Phone:	Fax:		
Billing Address:				
City:	State:	ZIP Code:		
No. of Years in Business:	Nature of Business:	Proprietorship	Partnership	Corporation

Equipment Location

Equipment Address:		
City:	State:	ZIP Code:

Personal Information on Majority Stockholders/Owners

Name:	Home Address:	Social Security No.:	% Ownership:
Title:	Home Phone:		
Name:	Home Address:	Social Security No.:	% Ownership:
Title:	Home Phone:		
Name:	Home Address:	Social Security No.:	% Ownership:
Title:	Home Phone:		

Company Bank References

Name:	Account No.:	Contact:	Phone:
Name:	Account No.:	Contact:	Phone:

Trade/Supplier References

Name:	City & State:	Contact:	Phone:
Name:	City & State:	Contact:	Phone:

Equipment Information (Attach additional information if necessary)

Equipment Description and Estimated Total Costs:			
Vendor Name:	Contact:	Phone:	
Vendor Address:			
City:	State:	ZIP Code:	

Desired Lease Terms & Options

Term (months):	12	24	36	48	60	Purchase Options:	FMV	\$1.00
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Authorization

I certify that the information provided above is accurate and complete. I authorize Dynamic Funding, Inc. and its designee (and any assignee or potential assignee thereof) to obtain information from the references concerning business and personal credit standings.

Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date: