

LEASE APPLICATION

NORTH COAST CAPITAL CORORATION 30600 Northwestern Hwy, Suite 401 Farmington Hills, MI. 48334

Ph: (248) 406-9600 Fax: (248) 406-9900

NORTH COAST CAPITAL CORPORATION

VENDOR, DEALER or SUPPLIER & EQUIPMENT						
Supplier Name				Contact	Phone#	Fax#
Equipment	Manufacturer-Model#	New	Used	Cost (\$)	Lease Term	Advance
BUSINESS INFORMATION						
Full Legal Name of I	Business			Years in Business	CorporationProprietorship	C LLC C Partnership
Address		City		State	Zip	Federal Tax I.D.#
Nature of Business				Contact	Phone#	Fax#
PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS						
Name		Title		Ownership%	Social Security#	
Address		City		State	Zip	Phone#
Name		Title		Ownership%	Social Security#	
Address		City		State	Zip	Phone#
BANK REFERENCE	ES-TWO YEAR HISTOR	Y				
Bank Name	Checking/Loar	#		Contact	Phone#	Fax#
Bank Name	Checking/Loan	#		Contact	Phone#	Fax#
TRADE or SUPPLIER REFERENCES						
Trade Name	Account#			Contact	Phone#	Fax#
Trade Name	Account#			Contact	Phone#	Fax#
Trade Name	Account#			Contact	Phone#	Fax#
COMMENTS /EMA	VIL.					
Comments						
Email Address						
AUTHORIZATION TO RELEASE CREDIT INFORMATION						
All credit information given is true and correct. I (we) authorize North Coast Capital Corporation or its designee to investigate financial responsibility and credit worthiness. The above listed bank or trade is authorized to release credit information.						
Date		Authorize	ed Signature	2		Title
Company Name		Authorize	ed Signature	2	_	Title