

Submit application via email to pwamsley@LEAFnow.com
 Phone (660) 269-4811 Cell (660) 651-1009

Vendor Number: _____

Business Information

Vendor Name: _____

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

Equipment Information

Quantity	New/Used	Model - Description	Unit Cost	Total Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Purchases Option: FMV __ \$1 Out __ Other _____				Total Cost _____
Terms _____ Tax Exempt Yes ___ No ___ <small>(If yes, please provide copy of exemption certificate)</small>				Sales Tax (if applicable) _____
				Freight (if applicable) _____
				TOTAL to Finance _____

Equipment location if different than above:

Address _____	City _____	State _____	County _____	Zip _____
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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. _____	Date of Birth _____	% Of Ownership _____	
Address _____	City _____	State _____	County _____	Zip _____
Name _____	Social Security No. _____	Date of Birth _____	% 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 from time to time 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 _____
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.