

CREDIT APPLICATION
 291 Main Street
 West Newbury, MA 01985
 T: 800-953-3247 F: 978-308-1039



BUSINESS	BUSINESS NAME/LESSEE			TELEPHONE		
	STREET ADDRESS			FAX		
	CITY/STATE/ZIP		COUNTY	MOBILE		
	TYPE OF BUSINESS		BUSINESS START DATE	YRS UNDER CURRENT OWNERSHIP	FED. TAX I.D.	
	LOCATION OF EQUIPMENT (STREET/CITY/STATE/ZIP/COUNTY)			E-MAIL ADDRESS		
	CONTACT NAME:		ANNUAL SALES	EXEMPT FROM STATE SALES/USE TAX?	HAS COMPANY/OWNER(S) EVER DECLARED BANKRUPTCY?	
<p>By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, authorizes lessor and/or debtor and their affiliates, successors or its designee (and any assignee or potential assignee thereof) to obtain consumer credit reports relating to his/her individual credit history and/or creditworthiness. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in this application.</p>						
OWNERSHIP	<input type="radio"/> PROPRIETORSHIP <input type="radio"/> PARTNERSHIP <input type="radio"/> C-CORP <input type="radio"/> S-CORP <input type="radio"/> NON-PROFIT <input type="radio"/> LLC			STATE OF INCORPORATION		
	PRINCIPAL'S NAME		TITLE	SOCIAL SECURITY NUMBER		HOME PHONE % OF OWNERSHIP
	HOME ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)		Own <input type="checkbox"/> Rent <input type="checkbox"/>	How Long?	SIGNATURE:	
	PRINCIPAL'S NAME		TITLE	SOCIAL SECURITY NUMBER		HOME PHONE % OF OWNERSHIP
	HOME ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)		Own <input type="checkbox"/> Rent <input type="checkbox"/>	How Long?	SIGNATURE:	
BANK REFERENCES	BANK		BRANCH/CITY	CONTACT		TELEPHONE
	ACCOUNT UNDER THE NAME OF		ACCOUNT NUMBER			<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN
	BANK		BRANCH/CITY	CONTACT		TELEPHONE
	ACCOUNT UNDER THE NAME OF		ACCOUNT NUMBER			<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN
LOANS/LEASES	LOAN/LEASING COMPANY		ORIGINAL LOAN/LEASE AMOUNT			TELEPHONE
	START DATE (MONTH/YEAR)		TERM/MONTHLY PAYMENT	ACCOUNT NUMBER		
	LOAN/LEASING COMPANY		ORIGINAL LOAN/LEASE AMOUNT			TELEPHONE
	START DATE (MONTH/YEAR)		TERM/MONTHLY PAYMENT	ACCOUNT NUMBER		
TRADE REFERENCES	COMPANY NAME		ADDRESS		CONTACT	TELEPHONE
	LANDLORD/MORTGAGEE					
INSURANCE INFORMATION	Agent		Company		Phone Number	Fax Number
	Address		City, State, Zip			
	Equipment Description (Mfg., Model Number., S/N, - Attach Sales Order if Available)					

CREDIT RELEASE AUTHORIZATION

I hereby certify that the information contained in this lease application is true and accurate and I hereby authorize our banks, trade references, and financial institutions the right to release credit information. In states where permissible, I hereby authorize the filing and recording of UCC financing Statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute Lessee's/debtors name thereto. A photostat copy of this authorization shall be as valid as the original.

SIGNATURE _____ Title _____ Date _____

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 is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Lessor set forth above within 60 days from the date you are notified or our decision. We will send you a written statement of reasons for the denial within 30 days for receiving your request for the statement.

Notice: To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify and record information that identifies each person (individuals or businesses) who opens an account. What this means for you: When you open an account or add any additional service, we will ask you for your name, address and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents.



CREDIT AND BANKING AUTHORIZATION

**TO: HARRY FRY & ASSOCIATES
291 MAIN STREET
W. NEWBURY, MA 01985**

The undersigned certifies that all of the information provided to you in connection with our application for credit is true and correct.

We authorize you, your nominees or assigns, to obtain such information as you may, in your discretion, require with regard to our banking and credit history, and review of our personal credit profile from a national credit bureau. This authorization shall extend to obtaining a credit profile in consideration of the application. Such authorization shall include updating such information as you may deem necessary.

Furthermore, we authorize you to respond to inquiries regarding your credit experience with us.

We hereby authorize our banking, credit and trade references to release to Harry Fry & Associates, or its nominees or assigns, all pertinent information concerning their experience with our account(s).

COMPANY NAME: _____

All principals must sign:

NAME: _____ SIGNATURE: _____

SS # _____ TITLE: _____

HOME ADDRESS: _____

NAME: _____ SIGNATURE: _____

SS # _____ TITLE: _____

HOME ADDRESS: _____

NAME: _____ SIGNATURE: _____

SS # _____ TITLE: _____

HOME ADDRESS: _____