

LESSEE		COMPANY NAME	YEARS IN BUSINESS
TYPE OF BUSINESS (CHECK ONE):			
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER S			
ADDRESS		CITY	STATE ZIP CODE
CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER
EQUIPMENT LOCATION ADDRESS (IF OTHER THAN ABOVE)			
BRANDED MAJOR OIL	CONTACT		TELEPHONE NUMBER

PERSONAL INFORMATION		FULL NAME	SOCIAL SECURITY #
HOME ADDRESS		TELEPHONE NUMBER	
CITY	STATE		ZIP CODE
FULL NAME		SOCIAL SECURITY #	
HOME ADDRESS		TELEPHONE NUMBER	
CITY	STATE		ZIP CODE

BANK INFORMATION		NAME OF BANK	CONTACT	NUMBER OF YEARS
ACCOUNT NUMBER		ACCOUNT NUMBER	TELEPHONE NUMBER	
OTHER LEASE, BANK OR LOAN REFERENCES		NAME	CONTACT	NUMBER OF YEARS
ACCOUNT NUMBER		ACCOUNT NUMBER	TELEPHONE NUMBER	
NAME		CONTACT	NUMBER OF YEARS	
ACCOUNT NUMBER		ACCOUNT NUMBER	TELEPHONE NUMBER	

EQUIPMENT INFORMATION		EQUIPMENT DESCRIPTION (ATTACH ORDER FORM)			
EQUIPMENT COST	\$	SALES TAX	\$	TOTAL COST	\$
MONTHLY PAYMENT		\$			
SALES CONTACT				TELEPHONE NUMBER	

LEASE TERMS	LEASE TERM/ MONTHS (CIRCLE ONE)	48 60 72 84	PURCHASE OPTION (CIRCLE ONE)	FMV 10% \$1.00
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The undersigned agrees that Summit Funding Group or its agents have the right to confirm the accuracy of the above referenced credit information and that Summit Funding Group or its agents have the right to accept or reject this credit application. **All Owners of Company must sign below**

SIGNATURE	X	TITLE	DATE
SIGNATURE	X	TITLE	DATE
SIGNATURE	X	TITLE	DATE