5450 Tech Circle
Moorpark, CA 93021
Tel: 805-529-9890

Fax To: 800-233-8303
eLease Lease Application

Rev 02/02

Lessee

Company Name: _____

DBA: _____ Fed Tax ID: _____

Address: _____

City, State & Zip: _____

Business Phone #: _____

Contact Name: _____ **Phone #:** _____

e-Mail: _____ Fax: _____

Business Description: _____

Time In Business Under Current Ownership: _____

Type of Business: ☐ S-Corp ☐ LLC ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Non-Profit

Vendor

Company Name: **IDD Process & Packaging, Inc.**

Address: **5450 Tech Circle**

City, State & Zip: **Moorpark, CA 93021**

Telephone: **805-529-9890** Fax: **805-529-9282**

Contact: **Jeff Gunn**

Bank References

Principal Bank: _____

Account Numbers: _____

Telephone: _____

Contact: _____

Personal Information on Officers, Partners or Owners

Name: _____

Home Address: _____

City, State & Zip: _____

Telephone: _____

Social Security #: _____ % Ownership: _____

Name: _____

Home Address: _____

City, State & Zip: _____

Telephone: _____

Social Security #: _____ % Ownership: _____

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. 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 the above application.

Signature: _____

Print Name: _____

Date: _____

Signature: _____

Print Name: _____

Date: _____

New Equipment to be Leased (Attach equipment schedule if necessary)

Address of Installation: _____

Quantity	Model	Description	Serial Number(s)	Purchase Price (w/o tax)

Comparable Lending References and Trade References

Name:	Phone Number:	Contact Person:	Account Number:
Name:	Phone Number:	Contact Person:	Account Number:
Name:	Phone Number:	Contact Person:	Account Number:

I authorize all deposit, borrowing, and trade information to be released to the Lessor. I hereby represent all information is true, correct and complete.
A photo static or facsimile copy of this authorization shall be valid as the original.

Signature: _____ **Title:** _____ **Date:** _____
(Authorizing Officer Signature)

_____
(Please Print Name)

Please fax completed application to 800-233-8303

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 of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.