



2475 Satellite Blvd. • Duluth, Georgia 30096-5805  
(770) 813-8818 • Toll Free 800-292-1837 • Fax Line (770) 813-8263 • Toll Free Fax Line 888-770-4039 • www.aetnagroupusa.com

### LEASE APPLICATION

FULL COMPANY NAME			CONTRACT				
ADDRESS		CITY		STATE		ZIP	
TELEPHONE #		CELL #		FAX #		FED. TAX I.D.#	
TYPE OF BUSINESS <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC				NO. YRS IN BUSINESS		E-MAIL	
EQUIPMENT DESCRIPTION				PURCHASE OPTION		EQUIPMENT COST	
				\$101 10% \$1		LEASE TERM	
MACHINE DEALER			SALESMAN		TELEPHONE #		

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. If such statement is requested in writing within 60 days from the date you are notified of the denial decision. To obtain the statement, please contact 1-800-292-1837. We will send you a written statement of reasons for the denial within 30 days of receiving your request. **NOTICE:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the base 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 this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC.

#### PERSONAL DATA

NAME		TITLE		% OF OWNERSHIP		SOCIAL SECURITY #	
HOME ADDRESS		CITY		STATE		ZIP	
NAME		TITLE		% OF OWNERSHIP		SOCIAL SECURITY #	
HOME ADDRESS		CITY		STATE		ZIP	
INSURANCE AGENT						TELEPHONE #	

#### REFERENCE DATA

REFERENCES (LIST BANK OR BANKS. PREVIOUS BANK REQUIRED IF APPLICANT HAS BEEN AT PRESENT BANK LESS THAN TWO YEARS.)

PRESENT BANK OF APPLICANT

BRANCH		PHONE			
NAME OF BANK OFFICER		ACCOUNT NO.			
LOAN OR TRADE REFERENCES NAME AND ADDRESS		PHONE		CONTACT	

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge, and I hereby authorize our banks, trade references and financial institutions the right to release credit information to SCMI Leasing or its assigns.

#### LESSEE AUTHORIZATION TO RELEASE INFORMATION

The undersigned individual, who is either a principal of the credit applicant or a sole proprietor of the credit applicant recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor and its assigns, from time to time as may be needed, in the credit evaluation process.

**X AUTHORIZED SIGNATURE & TITLE REQUIRED**

**X AUTHORIZED SIGNATURE & TITLE REQUIRED**