

# Betty Mills Lease Application

**Credit Processing**

Credit Fax: (650) 341-1888

Lease Sales Center: (800) 238-8964

<b>LESSEE (exact legal name required)</b>	
Name _____	
Address _____	
City/State/Zip _____	
Telephone Number _____	Fax Number _____
Contact Person _____	Title _____
E-Mail Address: _____	

<b>SUPPLIER</b>	
Name The Betty Mills Company	
Address 2121 S. El Camino Real Bldg D St 100	
City/State/Zip San Mateo, CA 94403	
Telephone Number 650-344-8228	Fax Number 650-341-1888
E-Mail Address: _____	

<b>EQUIPMENT DESCRIPTION:</b>			
<input type="checkbox"/> New	<input type="checkbox"/> Used	Total Equipment Cost _____	(please itemize costs involved)
Equipment Location (if other than above) _____			State of Incorporation _____
Nature of Business _____		Time in Business _____ Years _____ Months	Federal Tax Id # _____
<b>Type of Business:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Other			
Lease Term _____		Purchase Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1.00	
Security Deposit(s) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2		<b>OR</b> Advance Payment(s) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Monthly Payment \$ _____		Plus Tax \$ _____	
Total Payment \$ _____			

<b>BANKS</b>			
Bank Name 1. _____		Bank Name 2. _____	
Type of Account _____	Account Number _____	Type of Account _____	Account Number _____
Contact Officer _____	Telephone Number _____	Contact Officer _____	Telephone Number _____

<b>TRADES</b>			
Name 1. _____		Name 3. _____	
Telephone Number _____	Telephone Number _____	Telephone Number _____	Telephone Number _____
Name 2. _____		Name 4. _____	
Telephone Number _____	Telephone Number _____	Telephone Number _____	Telephone Number _____

<b>Please provide the following on principals and/or owners:</b>			
Name _____	Home Address _____	City/State/Zip _____	Social Security Number _____
Name _____	Home Address _____	City/State/Zip _____	Social Security Number _____

<b>SIGNATURE / RELEASE (Must have signatures from each social security number provider before processing application.)</b>			
It is expressly understood that this constitutes an application only and in itself shall not be binding upon either party. Additionally, I / we authorized Ervin Leasing to investigate the banks, savings and loan and trade references listed, and if required by Ervin Leasing, to perform personal credit investigations on the corporate principals, partner or proprietor listed above. I consent to receive communications sent by Ervin Leasing via U.S. mail, phone, email, and fax.			
Authorization: _____		Date: _____	
Authorization: _____		Date: _____	