

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)	24 36 48 60	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