



EQUIPMENT LEASE CREDIT APPLICATION

PHONE: 800-269-4075 • FAX: 800-269-4073

Fax completed application with a copy of your Summation price quote.
We can usually approve within same day. Call for questions regarding leasing.

COMPANY INFORMATION		
Full Legal Name:		Contact:
Address:		Years in Business: Years Under Present Ownership:
City/State/Zip:		Nature of Business:
County:		Phone:
Email Address:		Fax:
State of Incorporation:	Federal Tax ID#:	Web Address:
Business Type: <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other		

OWNERS, PARTNERS OR GUARANTORS		
1. Name:	Title:	Social Security #:
Address:	Home Phone:	Cell Phone:
City/State/Zip:	Percent Ownership:	Birth Date:
2. Name:	Title:	Social Security #:
Address:	Home Phone:	Cell Phone:
City/State/Zip:	Percent Ownership:	Birth Date:

BANK INFORMATION	
Name of Bank:	Deposit/Check Acct #:
Bank Contact:	Phone Number:

EQUIPMENT INFORMATION	
Description:	Estimated Cost:
Vendor Name: Summation Technology	Contact Person:
Address: 1155 Kelly Johnson Blvd, Suite 130	City/State/Zip: Colorado Springs, Colorado 80920
Phone: 719-590-6063	Fax: 719-590-6057
Estimated Delivery Date of Equipment:	<input type="checkbox"/> New Equipment <input type="checkbox"/> Used Equipment
End of Lease Options: <input type="checkbox"/> \$1 Purchase Option (Own equipment at End of Lease) <input type="checkbox"/> Other (Call for other End of Lease options)	Monthly Terms Requested: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other

Credit Authorization: I/We hereby authorize Wirth Business Credit, Inc., its assignee, assigns or potential assigns to review my personal credit and business profile provided by national credit bureaus in considering this application and for the purpose of updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize the above listed parties to release all credit information and bank information and I/We represent and warrant that all information submitted to Wirth Business Credit, Inc., including without limitation information on this application, any attachments, any supplemental, or other information herein is true, complete and accurate. I agree to immediately notify Wirth Business Credit, Inc. if any of such information changes materially in the 60 days after the date of this application. A facsimile, electronic or other copy of this authorization shall be as valid as the original.

Signature(s) of all owners, officers and/or guarantors:	Date:
1.	
2.	Date: